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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
Northern District Of Illinois		
Case number (If known):	Chapter you are filing under: ☐ Chapter 7 ☐ Chapter 11	
	☐ Chapter 12 ☐ Chapter 13	☐ Check amen

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	CHRISTOPHER	RACHEL
	identification (for example,	First name	First name
	your driver's license or	LYNN	
	passport).	Middle name	Middle name
	Bring your picture	PATTERSON	PATTERSON
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	xxx - xx - <u>4</u> <u>7</u> <u>8</u> <u>8</u> OR 9 xx - xx	xxx - xx - 6 2 8 5 OR 9 xx - xx

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Case number (if known)_____

CHRISTOPHER LYNN PATTERSON

About Debtor 1:		About Debtor 2 (Spous	e Only in a Joint Case):
☑ I have not used any business n	ames or EINs.	☑ I have not used any I	business names or EINs.
Business name		Business name	
Business name		Business name	
<u>EIN</u> –			
<u>EIN</u> –		EIN	
		If Debtor 2 lives at a di	fferent address:
103 DEERPATH DR. Number Street		1201 Harmony St. Number Street	
MORRIS	IL 60450	Mazon	IL 60444
City	State ZIP Code	•	State ZIP Cod
		County	
If your mailing address is different above, fill it in here. Note that the	e court will send	If Debtor 2's mailing a yours, fill it in here. No any notices to this maili	ddress is different from ote that the court will send ng address.
Number Street		Number Street	
P.O. Box		P.O. Box	474
City	State ZIP Code	City	State ZIP Co
Check one:	na yan zaya naman andalikum ahin mayan eke yeşiyinda eki isila za azazan da asiyili da ke ke ke ke ke ke ke ke	Check one:	
Over the last 180 days before I have lived in this district long other district.	filing this petition, er than in any	Over the last 180 da I have lived in this d other district.	ays before filing this petition istrict longer than in any
I have another reason. Explair (See 28 U.S.C. § 1408.)	1.	☐ I have another rease (See 28 U.S.C. § 14	on. Explain. 408.)
,			
	Business name Business name Business name EIN 103 DEERPATH DR. Number Street MORRIS City GRUNDY County If your mailing address is differabove, fill it in here. Note that the any notices to you at this mailing a notice of your district in the notice of the no	Business name Business name EIN 103 DEERPATH DR. Number Street MORRIS IL 60450 City State ZIP Code GRUNDY County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number Street P.O. Box City State ZIP Code Check one: Check one: Check one: Check one: I have lived in this district longer than in any other district.	Business name CHONDY COUNTY If Debtor 2 lives at a did Auzon City GRUNDY County If Jeotor 2 smalling a GRUNDY County If Debtor 2's mailing a yours, fill it in hero. Note that the court will send any notices to you at this mailing address. Number Street Number Street Number Street P.O. Box P.O. Box City Check one: Check one: Check one: Check one: Check one: Description of the destrict of the destrict of the district. Inave lived in this district of the district. Inave lived in this district.

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Case number (if known)_

Debtor 1	CHRISTOPHER LYNN PATTERSON

Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing 7. The chapter of the for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file ☑ Chapter 7 under Chapter 11 ☐ Chapter 12 ☐ Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office in your 8. How you will pay the fee local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ☑ No bankruptcy within the _ Case number ____ Yes. District ___ last 8 years? District Case number _ MM / DD / YYYY 10. Are any bankruptcy ☑ No. cases pending or being ☐ Yes. Debtor _ Relationship to you filed by a spouse who is not filing this case with _ Case number, if known_ When you, or by a business MM / DD / YYYY partner, or by an affiliate? Relationship to you Debtor Case number, if known_ MM / DD / YYYY 11. Do you rent your ☐ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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12 A	re you a sole proprietor	X No. C	o to Part 4.				
0	f any full- or part-time						
	usiness? sole proprietorship is a	☐ Yes. I	Yes. Name and location of business				
b ir s	usiness you operate as an dividual, and is not a eparate legal entity such as	i	Name of business, if any				
	corporation, partnership, or LC.	•	Number Street				
S S	you have more than one ole proprietorship, use a eparate sheet and attach it o this petition.				Chata	ZIP Code	
•	, the pennorm		City		State	ZIP Code	
			Check the appropriate bo	ox to describe your business.	:		
			Health Care Business	s (as defined in 11 U.S.C. §	101(27A))		
			Single Asset Real Est	state (as defined in 11 U.S.C.	. § 101(51B))	
			· ·	ned in 11 U.S.C. § 101(53A))			
			_	as defined in 11 U.S.C. § 101	1(6))		
			■ None of the above			- Lander - Jan Lan	
E	tre you filing under Chapter 11 of the Bankruptcy Code and	can set a	appropriate deadlines. If y ent balance sheet, staten	vou indicate that you are a sr	mall busines: v statement,	small business debtor so that it s debtor, you must attach your and federal income tax return or 116(1)(B).	
E a c f	Chapter 11 of the Bankruptcy Code and re you a small business lebtor? For a definition of small rusiness debtor, see	can set a most red any of the	appropriate deadlines. If y ent balance sheet, staten ese documents do not ex I am not filing under Chap I am filing under Chapter	you indicate that you are a siment of operations, cash-flow xist, follow the procedure in 1 opter 11.	mall busines: v statement, 11 U.S.C. § 1	s debtor, you must attach your and federal income tax return or	
6 6 6 6	Chapter 11 of the Bankruptcy Code and re you a small business lebtor? For a definition of small	can set a most recany of the Mo.	appropriate deadlines. If yent balance sheet, staten ese documents do not ex I am not filing under Chapter I am filing under Chapter the Bankruptcy Code. I am filing under Chapter	you indicate that you are a siment of operations, cash-flow xist, follow the procedure in 1 apter 11.	mall busines: v statement, 11 U.S.C. § 1 usiness debt	s debtor, you must attach your and federal income tax return or 116(1)(B).	
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Par 14. I i i i i i i i i i i i i i i i i i i	Chapter 11 of the Bankruptcy Code and re you a small business lebtor? For a definition of small business debtor, see 1 U.S.C. § 101(51D). The Report if You Own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to bublic health or safety? Or do you own any property that needs mmediate attention? For example, do you own herishable goods, or livestock that must be fed, or a building	can set a most red any of the No. No. Yes.	appropriate deadlines. If yent balance sheet, staten ese documents do not extend a mot filing under Chapter the Bankruptcy Code. I am filing under Chapter Bankruptcy Code. Any Hazardous Property What is the hazard?	you indicate that you are a siment of operations, cash-flow xist, follow the procedure in 1 upter 11. If 11, but I am NOT a small but I and I am a small busines I and I am Property The I are the content of the cont	mall business v statement, 11 U.S.C. § 1 usiness debt ss debtor acc	s debtor, you must attach your and federal income tax return or 116(1)(B). or according to the definition in cording to the definition in the	

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Debtor 1

CHRISTOPHER LYNN PATTERSON

PHKISIO	PHERLININF	ALLERSON	
rst Name	Middle Name	Last Name	

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive a	a briefing	about
credit counseling	because of	f:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about	Ĺ
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1	CHRISTOPHER LYNN PA		Case number (if known)	
	First Name Middle Name	Last Name		

Pa	rt 6: Answer These Ques	tions for Reporting Purposes			
16.	What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."			
	you have?	No. Go to line 16b.X Yes. Go to line 17.			
		16b. Are your debts primarily I money for a business or invest	business debts? Busines ment or through the operation	s debts are debts that you incurred to obtain in of the business or investment.	
		□ No. Go to line 16c.□ Yes. Go to line 17.			
		16c. State the type of debts you ow	e that are not consumer deb	ts or business debts.	
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Chapt	er 7. Go to line 18.		
	Do you estimate that after any exempt property is	Yes. I am filing under Chapter 7 administrative expenses an	. Do you estimate that after a re paid that funds will be ava	any exempt property is excluded and illable to distribute to unsecured creditors?	
	excluded and	☑ No			
	administrative expenses are paid that funds will be	☐ Yes			
Machine de Accord	available for distribution to unsecured creditors?	muundhukkkiji yhdiiskijkiji ja	etalekstatutuskolussississä ja läätikki koonnikoonnikki ki kalkuksississä tarvaksissä kornaissi 20 vant ennemä	1852 il 1852 vi vivo vi all'antichi e re vivo del constitui con sono constitui di c	
18.	How many creditors do	1 -49	1,000-5,000	25 ,001-50,000	
	you estimate that you	☑ 50-99	5,001-10,000	50,001-100,000	
	owe?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000	
40	. How much do you	☒ \$0-\$50,000	□ \$1,000,001-\$10 million	\$500,000,001-\$1 billion	
15	estimate your assets to	\$50,001-\$100,000	□ \$10,000,001-\$50 millio	n \$1,000,000,001-\$10 billion	
	be worth?	\$100,001-\$500,000	\$50,000,001-\$100 milli		
		☐ \$500,001-\$1 million	☐ \$100,000,001-\$500 mi		
20	How much do you	\$0-\$50,000	\$1,000,001-\$10 million		
	estimate your liabilities to be?		\$10,000,001-\$50 million \$50,000,001-\$100 million		
	(0.00)	\$500,001-\$300,000	\$100,000,001-\$100 mi		
	art 7: Sign Below				
F	or you	I have examined this petition, and I correct.	i declare under penalty of pe	rjury that the information provided is true and	
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.			
		s/CHRISTOPHER LYNN PAT Signature of Debtor 1	14.001	Signature of Debtor 2	
		Executed on 03/17/2016 MM / DD / YY	YY	Executed on 03/17/2016 MM / DD /YYYY	

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Debtor 1	CHRISTOPHER LYN	N PATTERSON	Case number (if known)				
	First Name Middle Name	Last Name					
represente	•	I, the attorney for the debtor(s) named to proceed under Chapter 7, 11, 12, or available under each chapter for which the notice required by 11 U.S.C. § 3426	13 of title 11, United States Code, and the person is eligible. I also certify the (b) and, in a case in which § 707(b)(4)(I have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no			
by an attor	not represented rney, you do not		knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.				
need to file	e this page.	s/James M. Durkee	Date	04/24/2016			
		Signature of Attorney for Debtor		MM / DD /YYYY			
		Iamaa M. Duulsaa					
		James M. Durkee Printed name					
		Malan midel and Online					
		Malmquist and Geiger Firm name					
		44517 1 01					
		415 Liberty St. Number Street					
		Morris	IL .	60450 ZIP Code			
		City	State	ZIP Code			
		Contact phone <u>(815)</u> 942-5072	Email address	jimdurkee@mglawoffices.com			
		6296297	<u>IL</u>				
		Bar number	State				

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Fill in this in	formation to identify	your case and t	his filing:
Debtor 1	CHRISTOPHER L	YNN	PATTERSON
	First Name	Middle Name	Last Name
Debtor 2	RACHEL		PATTERSON
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for the:	Northern Dis	trict of Illinois
Case number			
Case Huttinet			

Official Form 106A/B

Schedule A/B: Property

12/15

Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership Timeshare City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the portion you own? Manufactured or mobile home entire property? Land Investment property Describe the nature of your ownership Timeshare ZIP Code interest (such as fee simple, tenancy by City State Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only ☐ Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:

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Debtor 1

LYNN See 1 First Name Middle Name **PATTERSON**

1.3.	Street address, if available	e, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$	d claims on Schedule D: ns Secured by Property.
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one.	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this ite property identification number:	Check if this is co (see instructions) em, such as local	ommunity property
. Add t	the dollar value of the p have attached for Part	oortion you own for a 1. Write that number l	ll of your entries from Part 1, including any entried	s for pages	\$
art 2:	Describe Your \	/ehicles			<u>.</u>
00 you ou own . Cars	own, lease, or have leg that someone else drive , vans, trucks, tractors	al or equitable intere	st in any vehicles, whether they are registered or le, also report it on <i>Schedule G: Executory Contracts</i> s, motorcycles	not? Include any vehicle and Unexpired Leases.	s
ou own	own, lease, or have leg that someone else drive , vans, trucks, tractors lo 'es Make:	al or equitable intere	le, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases. Do not deduct secured claim the amount of any secure Creditors Who Have Claim	aims or exemptions. Put ed claims on <i>Schedule D</i> :
00 you ou o	own, lease, or have leg that someone else drive, vans, trucks, tractors lo else Make: Model: Year: Approximate mileage:	al or equitable intere is. If you lease a vehicl , sport utility vehicles CHEVROLET	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured clithe amount of any secure Creditors Who Have Claim	aims or exemptions. Put Id claims on Schedule D: Ins Secured by Property.
00 you ou o	own, lease, or have leg that someone else drive , vans, trucks, tractors lo 'es Make: Model: Year:	al or equitable interes. If you lease a vehicles, sport utility vehicles CHEVROLET \$10 2000	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured classes. Do not deduct secured classes. Creditors Who Have Claim Current value of the	aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the
Oo you ou ou own Cars N X Y	own, lease, or have leg that someone else drive, vans, trucks, tractors lo else Make: Model: Year: Approximate mileage:	al or equitable interes. If you lease a vehicles, sport utility vehicles CHEVROLET S10 2000 175000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Oo you ou ou own Cars N X Y	own, lease, or have leg that someone else drive wans, trucks, tractors lo 'es Make: Model: Year: Approximate mileage: Other information:	al or equitable interes. If you lease a vehicles, sport utility vehicles CHEVROLET S10 2000 175000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ted claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ See Attachment 2 aims or exemptions. Put ted claims on Schedule D:
Oo you ou own Cars N N 3,1.	own, lease, or have leg that someone else driver, vans, trucks, tractors lowers. Make: Model: Year: Approximate mileage: Other information:	al or equitable interes. If you lease a vehicles, sport utility vehicles CHEVROLET S10 2000 175000 one, describe here:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 1,000.00	aims or exemptions. Put sid claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ See Attachment 2 aims or exemptions. Put ed claims on Schedule D: ms Secured by Property.

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Debtor 1

See 3

LYNN Middle Name **PATTERSON**

Year:	Debtor 1 only	the amount of any secured clair Creditors Who Have Clair	ns Secured by Property.
	□ Debtor 2 only □ Debtor 1 and Debtor 2 only	Current value of the	
Approximate mileage:	☐ At least one of the debtors and another	entire property?	portion you own?
Other information:	At least one of the debtors and another		
Other Information.	☐ Check if this is community property (see instructions)	\$	\$
4. Make:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured	
Model:	Debtor 1 only	Creditors Who Have Clain	ns Secured by Property.
Year:	Debtor 2 only	Current value of the	Current value of the
	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate mileage:	At least one of the debtors and another		
Other information:	Check if this is community property (see instructions)	\$	\$
Model: Cruiser Year: 1994 Other Information: Debtors' combined interest		Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Model: Cruiser Year: 1994 Other information: Debtors' combined interest one-half ownership of this and said interest was purcisee Attachment 4	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another s amount to watercraft, nased by □ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Clain Current value of the	d claims on Schedule D: ms Secured by Property. Current value of the
Model: Cruiser Year: 1994 Other information: Debtors' combined interest one-half ownership of this and said interest was purel See Attachment 4	□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another s amount to watercraft, hased by □ Check if this is community property (see instructions) , list here: Who has an interest in the property? Check one.	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$5,200.00	d claims on Schedule Dans Secured by Property. Current value of the portion you own? \$5,200.00
Model: Cruiser Year: 1994 Other information: Debtors' combined interest one-half ownership of this and said interest was pure See Attachment 4	□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another s amount to watercraft, nased by □ Check if this is community property (see instructions) , list here: □ Debtor 1 only	the amount of any secure Creditors Who Have Claim Current value of the entire property? \$ 5,200.00 Do not deduct secured claim the amount of any secure Creditors Who Have Claim	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$5,200.00 aims or exemptions. Put id claims on Schedule D: ms Secured by Property.
Model: Cruiser Year: 1994 Other Information: Debtors' combined interest one-half ownership of this and said interest was purcisee Attachment 4 you own or have more than one Make: Model:	□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another s amount to watercraft, nased by □ Check if this is community property (see instructions) , list here: □ Debtor 1 only □ Debtor 2 only	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ 5,200.00 Do not deduct secured clair. The amount of any secure Creditors Who Have Clair.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ 5,200.00 aims or exemptions. Put id claims on Schedule D: ms Secured by Property.
Model: Cruiser Year: 1994 Other information: Debtors' combined interest one-half ownership of this and said interest was purel See Attachment 4 you own or have more than one Make: Model: Year:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another s amount to watercraft, hased by □ Check if this is community property (see instructions) , list here: □ Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Claim Current value of the entire property? \$ 5,200.00 Do not deduct secured claim the amount of any secure Creditors Who Have Claim	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ 5,200.00 aims or exemptions. Put id claims on Schedule D: ms Secured by Property.
Model: Cruiser Year: 1994 Other Information: Debtors' combined interest one-half ownership of this and said interest was purcisee Attachment 4 you own or have more than one Make: Model:	□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another s amount to watercraft, nased by □ Check if this is community property (see instructions) , list here: □ Debtor 1 only □ Debtor 2 only	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$5,200.00 Do not deduct secured clair the amount of any secure Creditors Who Have Clair. Current value of the	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ 5,200.00 aims or exemptions. Put id claims on Schedule D: ms Secured by Property. Current value of the

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Debtor 1

LYNN See 5 First Name

PATTERSON

Pŧ	irt 3:	Describe Your Personal and Household Items	
Do	you o	wn or have any legal or equitable interest in any of the following items? D	Current value of the portion you own? On not deduct secured claims or exemptions.
6.	House	hold goods and furnishings	
		les: Major appliances, furniture, linens, china, kitchenware	
	□ No	• • • •	
		s. Describe	\$ <u>525.00</u>
7	Electro	pics	
••		les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	⊠ No		
	☐ Ye	s. Describe	\$
8,	Collec	tibles of value	
	Examp	oles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
		s. Describe	\$
a	Fauin	nent for sports and hobbies	
υ,	Examp	oles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	⊠ No		
	□ Ye	s. Describe	\$
10	⊠ No	ples: Pistols, rifles, shotguns, ammunition, and related equipment	\$
11	Clothe. Examp No	oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	🗵 Ye	s. DescribePERSONAL CLOTHING FOR A FAMILY OF 2	\$ <u>200.00</u>
12	⊠ No	oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	\$
	— 16	s. Describe	Т
13		urm animals Dies: Dogs, cats, birds, horses	
	☑ No □ Ye	s. Describe	\$
			
14	-	her personal and household items you did not already list, including any health aids you did not list	
	⊠ No	The state of the s	
		s. Give specific ormation	\$
15		ne dollar value of all of your entries from Part 3, including any entries for pages you have attached	_{\$} 725.00
-		rt 3. Write that number here	<u>v</u>

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Debtor 1

See 6 First Name

LYNN

PATTERSON

Do you own or have any	Current value of the portion you own? Do not deduct secured claims or exemptions.		
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hom	ne, in a safe deposit box, and on hand when you file your petition	
⊠ No			
		Cash:	\$
and other s	savings, or other financial accou imilar institutions. If you have m	unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each.	
☐ No ☑ Yes		Institution name:	
	17.1. Checking account:		\$
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7, Other financial account:		\$
	17.8. Other financial account:		
	17.9. Other financial account:		
	17.9, Other infalicial account.		Ψ
18. Bonds, mutual funds Examples: Bond funds No Yes	i, or publicly traded stocks i, investment accounts with brok Institution or issuer name:	kerage firms, money market accounts	
			\$
			¢
			- Ψ
			- \$
40 Non muhlialu tenderal			- Ψ <u></u>
19. Non-publicly traded an LLC, partnership	stock and interests in incorp		- Ψ - \$
an LLC, partnership No	stock and interests in incorp , and joint venture Name of entity:		- Ψ
an LLC, partnership	stock and interests in incorp , and joint venture Name of entity:	orated and unincorporated businesses, including an interest in % of ownership:%	\$
an LLC, partnership ☑ No ☑ Yes. Give specific	stock and interests in incorp , and joint venture Name of entity:	orated and unincorporated businesses, including an interest in % of ownership:	\$\$ \$\$

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Debtor 1

See 7 First Name

LYNN

PATTERSON Last Name

				AND REPORT OF THE PARTY OF THE
20.	Government and corpo	rate bonds and oth	er negotiable and non-negotiable instruments	
	Negotiable instruments i	nclude personal chec	ks. cashiers' checks, promissory notes, and money orders.	
	Non-negotiable instrume	nts are those you car	nnot transfer to someone by signing or delivering them.	
	☑ No			
	Yes. Give specific	Issuer name:		111111111111111111111111111111111111111
	information about them			\$
				\$
				\$
21.	Retirement or pension	accounts	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	•	KA, ERISA, Keogn, 4	OT(K), 403(b), tillit savings accounts, or other pension of profit-sharing plants	
	☐ No ☑ Yes. List each			
	account separately	Type of account:	Institution name:	
		401(k) or similar plan:	FEDERAL RETIREMENT ACCOUNT THROUGH USPS	<u>\$4,000.00</u>
		Pension plan:		\$
		•		\$
		IRA:		
		Retirement account:		\$
		Keogh:		\$
		Additional account:		\$
		Additional account:		\$
22	Security deposits and	nranavmants		
22	Your share of all unused	l deposits you have n	nade so that you may continue service or use from a company	
	Examples: Agreements companies, or others	with landlords, prepa	id rent, public utilities (electric, gas, water), telecommunications	
	U No	1	. 131. Mary — and a safe tide only	
	☑ Yes		stitution name or individual:	
		Electric:		\$
		Gas:		\$
		Heating oil:		\$
		Security deposit on re	ental unit:	\$
		Prepaid rent:		\$
		Telephone:		\$
		Water:		\$
		Rented furniture:		\$
		Other:		\$
23	3. Annuities (A contract fo	r a periodic payment	t of money to you, either for life or for a number of years)	
	☑ No			
	☐ Yes	Issuer name and de	escription:	
				\$
				\$
				\$

Case number (if known)

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PATTERSON

LYNN

See 8

Debtor 1

Middle Name First Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). X No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **⊠** No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them. .. Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☑ No. ☐ Yes. Give specific information Federal: about them, including whether State: you already filed the returns and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes, Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No. ☐ Yes. Give specific information.....

Document

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PATTERSON See 9 LYNN Case number (if known) Debtor 1 First Name

	programs of the second	,	885 \$ 79000 Section 1 (200) 1 (200)
31. Interests in insurance policies Evamples: Health, disability, or life insuran	ice: health savings account (HSA	A); credit, homeowner's, or renter's insurance	
∑ No	100) / 100iii 001ii 30	31 · · · · ·	
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
of dadin policy and list its value in			\$
			\$
			\$
	from nameone who has died		
32. Any interest in property that is due you if you are the beneficiary of a living trust, e property because someone has died.	expect proceeds from a life insur-	ance policy, or are currently entitled to receive	
☑ No	parameter 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		·
Yes. Give specific information			\$
		1000	
33. Claims against third parties, whether of Examples: Accidents, employment dispute	r not you have filed a lawsuit ones, insurance claims, or rights to	or made a demand for payment sue	9 A 20 T 20
No		A SAME AREA TO THE TOTAL OF THE	****
Yes. Describe each claim			\$
34. Other contingent and unliquidated clair to set off claims	ns of every nature, including o	counterclaims of the debtor and rights	
☑ No			
Yes. Describe each claim			\$
35. Any financial assets you did not alread	y list		
⊠ No			
Yes. Give specific information			\$
36. Add the dollar value of all of your entri	es from Part 4, including any e	entries for pages you have attached	\$ 5,200.00
101 Part 4. Write that humber here	***************************************		
[a, · · · · · · · · · · · · · · · · · · ·			
Part 5: Describe Any Business-	Related Property You C	Dwn or Have an Interest In. List any r	eal estate in Part 1.
37. Do you own or have any legal or equita	ble interest in any business-re	elated property?	
No. Go to Part 6.	······································		
Yes. Go to line 38.			
			Current value of the portion you own? Do not deduct secured claims
THE PART OF THE PA			or exemptions.
38. Accounts receivable or commissions y	rou already earned		
☑ No	remarké drámána		7
☐ Yes, Describe			\$
1		1. A.	
39. Office equipment, furnishings, and sup Examples: Business-related computers, softwa	p plies re, modems, printers, copiers, fax ma	achines, rugs, telephones, desks, chairs, electronic devices	S
☑ No			7
Yes. Describe			\$
1	CALL CONTRACT AND ADDRESS OF THE PROPERTY OF T		

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Case number (if known)

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PATTERSON

See 10

First Name

Debtor 1

LYNN

Middle Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☑ No. Yes, Describe 41. Inventory ⊠ No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures ■ No ☐ Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☑ No Yes, Describe...... 44. Any business-related property you did not already list ☑ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **⊠** No ☐ Yes.....

Case number (if known)_

Document

See 11 LYNN

PATTERSON

Debtor 1	See 11 First Name	L Y ININ Middle Name	Last Name		Case number (if known)	
	Liter Manie	Milana (came	East House			٤.
48. Crops —6	either growing	or harvested				AAAA3875.05
No No Yes	Give specific	979_FP				
	nation	AND THE PARTY OF T			A STATE OF THE STA	\$
49. Farm and	d fishing equi	oment, implemer	nts, machinery, fixtures,	, and tools of trade		
					4-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	\$
	d fishing supp	lies, chemicals,	and feed			Control
☑ No ☐ Yes.		- Alamada Walana	The state of the s			
						\$
51. Any farn	n- and comme	rcial fishing-rela	ted property you did no	t already list		and the second of the second o
Yes.	Give specific mation	Market Barrier Harrison Pring your control Adv Market Barrier Barrier				\$
52. Add the	dollar value o	f all of your entr	ies from Part 6, includir	ng any entries for page	s you have attached	\$0.00
IVI Fait	O. Wille mar.					
		· · · · · · · · · · · · · · · · · · ·	/ Own or Hoyo s	- Interest in That	t You Did Not List Above	•
Part 7:		****			I TOU DIM TOUR PROFESSION OF	
53. Do you Examples	have other pros: Season tickets,	operty of any kin country club memb	d you did not already li ership	st?		VI TERRALAMENTAL
☐ No		WORKER'S	OMPENSATION A	ND SOCIAL SECUP	RITY LAWSUITS	<u>\$Unknown</u>
	Give specific					\$
		-2-2-2-1				\$
54. Add the	dollar value o	f all of your entr	ies from Part 7. Write th	nat number here		\$0.00
2 landanis delimina a ser e communicação que						
Part 8:	List the T	otals of Each	Part of this Form			To the second se
55. Part 1: 1	Total real esta	te, line 2				→ \$0.00
56. Part 2:	Total vehicles,	line 5		\$ <u>10,210.00</u>		A SOLUTION AND A SOLU
57. Part 3:	Total personal	and household	items, line 15	\$ <u>725.00</u>	_	
58. Part 4: 1	Total financial	assets, line 36		<u>\$5,200.00</u>		
59. Part 5:	Total business	related propert	y, line 45	\$0.00		
60, Part 6:	Total farm- an	d fishing-related	property, line 52	\$ <u>0.00</u>	_	
61. Part 7:	Total other pro	perty not listed	line 54	+\$0.00		S (MINIMALE)
62. Total pe	ersonal prope	ty. Add lines 56 t	hrough 61	\$ <u>16,135.00</u>	Copy personal property total	→ + <u>\$16,135.00</u>
						\$16,135.00
63. Total of	f all property o	n Schedule A/B.	Add line 55 + line 62			\$ 10,100.00

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Fill in this i	nformation to ident	ify your case:		
Debtor 1	CHRISTOPHEI	R LYNN Middle Name	PATTERSON Last Name	
Debtor 2	RACHEL		PATTERSON	
(Spouse, if filing	g) First Name	Middle Name	Last Name	
United States	s Bankruptcy Court for t	_{he:} Northern Distr	rict of Illinois	_
Case number (If known)	r			

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each Item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

. Which set of ex	emptions are you claiming?	Check one only, even if	your spouse is filing with you.	
	ming state and federal nonbanl ming federal exemptions. 11 U		U.S.C. § 522(b)(3)	
For any propert	ty you list on <i>Schedule A/B</i> t	nat you claim as exem	pt, fill in the information below.	
	on of the property and line on hat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:		\$ 900.00	⊠ \$ <u>900.00</u>	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	22		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 1	\$ <u>300.00</u>	<u> </u>	735 ILCS 5/12-1001(b)
Line from Schedule A/B;			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 2	\$ <u>500.00</u>	 \$	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
	ng a homestead exemption o strnent on 4/01/19 and every 3		es filed on or after the date of adjustment.)
☐ No ☐ Yes, Did you	acquire the property covered	by the exemption within	1,215 days before you filed this case?	
☐ No ☐ Yes				

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Debtor 1

CHRISTOPHER LYNN PATTERSON

Case number (if known)

Back	

Additional Page

	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	See Attachment 3	\$ 200.00	\$ 100% of fair market value, up to	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	11		any applicable statutory limit	
Brief description:	PERSONAL COMPUTER	\$ 25.00	\$ 100% of fair market value, up to	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	6		any applicable statutory limit	
Brief description:	See Attachment 4	\$ <u>4,000.00</u>	⅓ \$ 4,000.00	11 USC § 522(b)(3)(C)
Line from Schedule A/B:	21		100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 5	\$ Unknown	- \$	820 ILCS 305/21
Line from Schedule A/B:	53		■ 100% of fair market value, up to any applicable statutory limit	
Brief description:	1994 Riviera Cruiser	\$ 5,200.00	\$ 5,000.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	4.2		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:		(), ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:	·		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	_ Q \$	
Line from Schedule A/B:	. ——		☐ 100% of fair market value, up to any applicable statutory limit	

Attachment Debtor: CHRISTOPHER LYNN PATTERSON Case No:

Attachment 1

Property personal financial deposit type RMC with CHECKING AT GRUNDY BANK

Attachment 2

HOUSEHOLD GOODS FOR A FAMILY OF 2 (VALUED AT APPROXIMATELY \$1000.00, HALF IS CREDITED TO NON-FILING SPOUSE)

Attachment 3

PERSONAL CLOTHING FOR A FAMILY OF 2

Attachment 4

401(k) or Similar Plan with FEDERAL RETIREMENT ACCOUNT THROUGH USPS

Attachment 5

WORKER'S COMPENSATION AND SOCIAL SECURITY LAWSUITS

	Case 16-13915	Doc 1 Filed 04/24/16 Document	Entered 04/24/2 Page 21 of 83	16 14:30:33	Desc Main	
Fill in this	information to identify you	r case:				
Debtor 1	CHRISTOPHER LYNI	N PATTERSON Middle Name Last Name				
Debtor 2 Spouse, if fili	RACHEL PATTERSO	DN Middle Name Last Name				
United State	es Bankruptcy Court for the: NC	rthern District of Illinois				
Case numb (if known)	er				Check if t	
						Ü
Officia	al Form 106D					
Sche	dule D: Credit	tors Who Have Cl	aims Secure	d by Prop	erty	12/15
ĭ No	es. Fill in all of the information	this form to the court with your other below.	schedules. You have nothi	ng else to report on	this form.	
for eac	ch claim. If more than one cre	or has more than one secured claim, editor has a particular claim, list the c in alphabetical order according to th	ther creditors in Part 2.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2.1		Describe the property that	secures the claim:	\$	\$	\$
Credito	r's Name					
Numbe	r Street	As of the date you file, the	claim is: Check all that apply.			
City	State ZIP	Code Disputed				

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Fill in this i	nformation to id	lentify your case:	
Debtor 1	CHRISTOPI First Name	HER LYNN PATTERS	ON Last Name
Debtor 2	RACHEL P	ATTERSON	
(Spouse, if filing		Middle Name	Last Name
United States	Bankruptcy Court	for the: Northern Distric	t of Illinois
Case number	r	<u> </u>	

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

any a	dultional pages, write your name and case nam	wet (it thrown).			
Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims			
2.1	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list th a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's n Part 1. If more than one creditor holds a particular claim	nat claim here ar name. If you hav	nd show both _l e more than tv	priority and vo priority
	(For an explanation of each type of claim, see the in	nstructions for this form in the instruction booklet.)			
	•		Total claim	Priority amount	Nonpriority amount
2.1			•	•	¢
ļ.	Priority Creditor's Name	Last 4 digits of account number	\$	_ Ψ	_ Ψ
AMAZINIAN A	Friend Cleana 2 Marie	When was the debt incurred?			
e de la composição de l	Number Street	Truen was the best incurred:			
	Notiber Street	A - of the data you file the claim is: Check all that and			
		As of the date you file, the claim is: Check all that apply	у.		
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	Unliquidated			
	Debtor 1 only	☐ Disputed			
de caracteristica de la caract	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and another	Domestic support obligations			
***************************************	_	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
farmed Man	Is the claim subject to offset?	intoxicated			
Baranco and a second	□ No	Other, Specify	_		
	Yes			AMERICAN COLONIA CONTRACTOR CONTR	and the second s
2.2		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?			
		Tinon was the dept modified:			
	Number Street	As of the date you file, the claim is: Check all that appl	ly.		
		Contingent	•		
	City State ZIP Code	☐ Unliquidated			
Ambadanh	•	Disputed			
	Who incurred the debt? Check one.	- Dishtited			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government	i		
	At least one of the debtors and another	☐ Claims for death or personal injury while you were			
************	☐ Check if this claim is for a community debt	intoxicated			
NACOMBONIA.	Is the claim subject to offset?	Other. Specify	_		
Indicatoritai	□ No				
quantum de la companya de la company	☐ Yes				

Debtor 1

CHRISTOPHER LYNN PATTERSON

First Name Middle Name Last Name

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Part 2: List All of Your NONPRIORITY Unsecured Claims

200			
2	Do any creditors have nonpriority unsecured claims against you	7	
	\square No. You have nothing to report in this part. Submit this form to the	court with your other schedules.	
	☑ Yes		
			£1
4.	List all of your nonpriority unsecured claims in the alphabetical o	order of the creditor who holds each claim. If a creditor has	more than one
	priority unecoured claim, list the creditor separately for each claim. Fo	ir each claim listed, identify what type of claim it is. Do not list	ciaims aiready
	included in Part 1. If more than one creditor holds a particular claim, li	ist the other creditors in Part 3.If you have more than four prio	ity unsecured claims
	fill out the Continuation Page of Part 2.		
	···· · · · · · · · · · · · · · · · · ·		
			Total claim
4.1	ALTERNATIVE HEALTH GROUP LLC	Last 4 digits of account number	\$77.09
	Nonpriority Creditor's Name	- ·	\$17.00
	· ·	When was the debt incurred?	
	1834 W. NORTH AVE., SUITE 1		
	Number Street		- Washington
	CHICAGO IL 60622		WAAA
	City State ZiP Code	As of the date you file, the claim is: Check all that apply.	
	4		
		☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	1
	The standards	☐ Disputed	and the same of th
	Debtor 1 only	— =/opaioa	
	Debtor 2 only	The Chever of th	
	□ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	and the transport of the second secon	_	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
		that you did not report as priority claims	
	Is the claim subject to offset?	 Debts to pension or profit-sharing plans, and other similar debts 	
	⊠ No	☑ Other, Specify Medical Services	
	☐ Yes	•	
	a 163		
4.0	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Last 4 digits of account number	s 20.62
4.2	AMSURG SURGERY CENTER	-	T
	Nonpriority Creditor's Name	When was the debt incurred?	
	998 129TH INFANTRY DR.		
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	JOLIET IL 60435		
	City State ZIP Code	☐ Contingent	
		☐ Untiquidated	
	Who incurred the debt? Check one.	·	
	Debtor 1 only	☐ Disputed	and the same of th
	Debtor 2 only		and the same of th
	· · · · · · · · · · · · · · · · · · ·	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	D	A A A A A A A A A A A A A A A A A A A
	At least one of the debtors and another	Student loans	, and a second
		 Obligations arising out of a separation agreement or divorce 	
	Check if this claim is for a community debt	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	· '
		Other, Specify	
	☑ No		
	☐ Yes		
			AND ASSESSED TO SECURITION OF THE PARTY OF T
4.3	ANES CONS OF MORRIS LLC	Last 4 digits of account number	s 5,280.00
	Nonpriority Creditor's Name	When was the debt incurred?	φ 0,20,00
	P.O. BOX 88271 DEPT A	Atticit Mg9 tile gent illegiteg .	
		-	
	Number Street		
-	CHICAGO IL 60680	As of the date you file, the claim is: Check all that apply.	
No.	City State ZIP Code		
resilies.		☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	Disputed	
1	Debtor 2 only	□ Dispered	
1			
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	D = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1		
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
-	le the claim subject to offeet?	that you did not report as priority claims	
	Is the claim subject to offset?	 Debts to pension or profit-sharing plans, and other similar debt 	8
encover.	⊠ No	Other. Specify Medical Services	
***************************************	☐ Yes		
Engloyee			A
£			

Debtor 1

CHRISTOPHER LYNN PATTERS Nument Page 24 of 83
Case number (if known)

Par	Your NONPRIORITY Unsecured Claims — Continua	tion Page	
Afte	er listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
4.4	AT&T	Last 4 digits of account number	\$ <u>471.21</u>
	Nonpriority Creditor's Name See Attachment 1	When was the debt incurred?	
	Number Street TUPELO MS 38803-3910 City State ZIP Code	As of the date you file, the claim is: Check all that apply. □ Contingent	and a mental of the control of the c
	Who incurred the debt? Check one.	Unliquidated Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset? ☒ No ☐ Yes	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify UTILITY 	
4.5	CADENCE HEALTH	Last 4 digits of account number	\$ 3,080.00
	Nonpriority Creditor's Name See Attachment 2	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	OAK BROOK IL 60522 City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	
	☑ No ☐ Yes		
4.6	CADENCE HEALTH	Last 4 digits of account number	\$ 4,925.00
	Nonpriority Creditor's Name See Attachment 3	When was the debt incurred?	
	Number Street OAK BROOK IL 60523	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one.	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Medical Services	
	is the claim subject to onset? ☑ No ☐ Yes	Other, Specify Medical October	

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Debtor 1

CHRISTOPHER LYNN PATTERSON

Case number (if known)

Your NONPRIORITY Unsecured Claims —Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. 4.7 Last 4 digits of account number _ \$200.00 CADENCE PHYSICIAN GROUP ORTHOPAEDICS Nonpriority Creditor's Name When was the debt incurred? 26431 NETWORK PLACE Number Street As of the date you file, the claim is: Check all that apply. 60673 **CHICAGO** ZIP Code Contingent ■ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ No ☐ Yes 4.8 \$8,281.00 Last 4 digits of account number ___ __ ___ CAPITAL ONE AUTO FINANCE Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 60511 Number Street As of the date you file, the claim is: Check all that apply. CITY OF INDUSTRY CA 91716 ZIP Code State Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other Specify VEHICLE DEFICIENCY CLAIM Is the claim subject to offset? ⊠ No ☐ Yes \$898.45 4.9 Last 4 digits of account number ____ __ _ CAPITAL ONE BANK (USA), N.A. Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 6492 Number Street As of the date you file, the claim is: Check all that apply. 60197 CAROL STREAM ZIP Code Contingent Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other, Specify Credit Card Charges

X No Yes

Check if this claim is for a community debt

Is the claim subject to offset?

Debtor 1

CHRISTOPHER LYNN PATTERSON

CHRISTOPHER LYNN PATTERSON

First Name

CHRISTOPHER LYNN PATTERSON

Case number (if known)

P	aı	t	F	Ŧ	

Part 2: Your NONPRIORITY Unsecured Claims —Continuat	ion rage	
After listing any entries on this page, number them beginning with 4.	5, followed by 4.6, and so forth.	Total claim
CAPITAL ONE BANK, N.A.	Last 4 digits of account number	\$ <u>505.29</u>
Nonpriority Creditor's Name P.O. BOX 6492 Number Street CAROL STREAM IL 60197 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	* <u></u>
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges	
CENTER FOR NEUROLOGICAL DISEASES S.C. Nonpriority Creditor's Name 2222 WEBER RD. Number Street CREST HILL IL 60403 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Last 4 digits of account number 5 6 9 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ <u>110.00</u>
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
CENTRAL DUPAGE EMERGENCY PHYSICIANS Nonpriority Creditor's Name C/O MEDICAL BUSINESS BUREAU, LLC P.O. BOX 1219 Number Street PARK RIDGE IL 60068 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	\$ <u>947.00</u>

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Debtor 1

CHRISTOPHER LYNN PATTERSON
First Name Middle Marea

Par	Your NONPRIORITY Unsecured Claims —Continual	lion rage	
Afte	r listing any entries on this page, number them beginning with 4	.5, followed by 4.6, and so forth.	Total claim
4.13	CENTRAL DUPAGE EMERGENCY PHYSICIANS	Last 4 digits of account number	\$ 847.00
	Nonpriority Creditor's Name DEPT 20 1098 P.O. BOX 5940 Number Street CAROL STREAM IL 60197 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical Services	
4.14	COLLECTION PROFESSIONALS Nonpriority Creditor's Name CO ROBERT STEELE 160 MARQUETTE ST. Number Street LASALLE IL 61301 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number	\$ 1,156.60
4.15	COLLECTION PROFESSIONALS, INC. Nonpriority Creditor's Name 723 FIRST ST. Number Street LASALLE IL 61301 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	\$ <u>1,245.78</u>

Debtor 1

CHRISTOPHER LYNN PATTERSON
First Name Middle Name Last Name

CHRISTOPHER LYNN PATTERSON

Case number (if known)

listing any entries on this page, number them beginning wit	h 4.5, followed by 4.6, and so forth.	Total clain
COMCAST	Last 4 digits of account number 7 7 4 4	\$ <u>320.60</u>
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. BOX 3002 Number Street	A soft the state constitution along the Object of the family	
SOUTHEASTERN PA 19398	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☑ Debtor 1 only ☑ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only		
☐ At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that 	
	you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	☑ Other. Specify CABLE	
☑ No □ Yes		
COMED	Last 4 digits of account number	\$ 302.57
Nonpriority Creditor's Name		
P.O. BOX 6111	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
CAROL STREAM IL 60197		
City State ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify UTILITY	
No	W Olies, Specify O (12.17)	
☑ Yes		November of the Control of Marie Control of the Con
CONVERGENT OUTSOURCING, INC.	Last 4 digits of account number	<u>\$ 179.4</u>
Nonpriority Creditor's Name	When was the debt incurred?	
800 SW 39TH ST. P.O. BOX 9004 Number Street		
RENTON WA 98057	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent	
Who incurred the debt? Check one.	Unliquidated	
*****	☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other, Specify Credit Card Charges	
× No		

Debtor 1

CHRIST	OPHER LY	NN PATTERSON PATTERSON	
T'_ 1 N' 1	MUTAL Many	Last Name	

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Case number (if known)

Afte	r listing any entries on this page, number them beginning with 4	.5, followed by 4.6, and so forth.	Total claim
.19	CORTINA, MUELLER AND FROBISH	Last 4 digits of account number	\$ 225.00
	Nonpriority Creditor's Name 124 W. WASHINGTON ST.	When was the debt incurred?	
	Number Street MORRIS IL 60450 City State ZIP Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt ls the claim subject to offset? □ No □ Yes	 □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card Charges 	Novilled Statement women (1970)
.20	CPG OAD PHYSICIAN GROUP Nonpriority Creditor's Name	Last 4 digits of account number	\$ <u>200.00</u>
	See Attachment 4	When was the debt incurred?	
	Number Street CHICAGO IL 60606 City State ZIP Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Services 	
.21	CREDIT BUREAU SYSTEMS INC. Nonpriority Creditor's Name P.O. BOX 11788 Number Street LEXINGTON KY 40578 City State ZIP Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply.	\$ <u>150.58</u>
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	 Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts X Other. Specify Credit Card Charges 	

Debtor 1

CHRISTOPHER LYNN PATTERSON

CHRISTOPHER LYNN PATTERSON

First Name

Case number (# known)

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Pan	74 Your NONPRIORITY Unsecured Claims — Continua	ation rage	
Afte	r listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
4.22	CREDIT ONE BANK	Last 4 digits of account number	\$ <u>619.76</u>
	Nonpriority Creditor's Name P.O. BOX 60500 Number Street	When was the debt incurred?	
	CITY OF INDUSTRY CA 91716 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges	
	NoYes		
4.23	CREDIT ONE BANK	Last 4 digits of account number	\$ <u>317.87</u>
	Nonpriority Creditor's Name P.O. BOX 65000	When was the debt incurred?	
	Number Street C!TY OF INDUSTRY CA 91716	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes	☑ Other. Specify Credit Card Charges	
4.24	CREDITOR'S DISCOUN AND AUDIT CO.	Last 4 digits of account number	\$ 1,666.59
	Nonpriority Creditor's Name 415 E. MAIN ST. P.O. BOX 213	When was the debt incurred?	
	STREATOR IL 61364	As of the date you file, the claim is: Check all that apply.	
	City Stale ZIP Code Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
A THE STREET AND THE	ls the claim subject to offset? ☑ No ☐ Yes	☑ Other. Specify Medical Services	

Debtor 1

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After li	isting any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
	DECATUR MEMORIAL HOSPITAL	Last 4 digits of account number	\$ <u>136.20</u>
2	onpriority Creditor's Name 2300 NORTH EDWARD ST.	When was the debt incurred?	
	umber Street DECATUR IL 62526 kty State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	/ho incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another Check if this claim is for a community debt	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
ls	s the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	I No I Yes		EAST-SOURCE CONTROL OF THE SOURCE CONTROL OF
	ENT SURGICAL CONSULTANTS LTD	Last 4 digits of account number	\$ 115.00
2	onpriority Creditor's Name 2201 GELWOOD AVE.	When was the debt incurred?	
	umber Street JOLIET IL 60435	As of the date you file, the claim is: Check all that apply.	
	State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
ls	s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	
	☑ No ☑ Yes		NAS VI
1.27	FAMILY MEDICAL GROUP S.C.	Last 4 digits of account number	\$ <u>200.00</u>
N	Ionpriority Creditor's Name 330 MADISON ST., NO. 104	When was the debt incurred?	
N	JUMPHER Street JOLIET IL 60435	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
٧	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	Debtor 1 only	·	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
Ţ	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Ī	s the claim subject to offset?	Debts to pension of protesharing prairs, and other shifted debts Other, Specify Medical Services	
	No Yes		

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	First Name	Middle Name	Last Name	
Part 2:	Your NON	PRIORITY Uns	ecured Claims —	Continuation Page
After listi	na anv entrie	s on this page, r	umber them beginr	ing with 4.5, followe

Afte	r listing any entries on this page, number them beginning with 4.5	i, followed by 4.6, and so forth.	Total claim
4.28	FIRST PREMIER BANK	Last 4 digits of account number	\$ <u>487.70</u>
	Nonpriority Creditor's Name P.O. BOX 5529	When was the debt incurred?	
	Number Street SIOUX FALLS SD 57117 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges Other control of the co	ANA ANA MATERIAL PROPERTY AND ANALYSIS OF THE
4.29	GRUNDY RADIOLOGISTS	Last 4 digits of account number	\$ <u>317.00</u>
	Nonpriority Creditor's Name C/O CREDITORS DISCOUNT AND AUDIT COL 415 MAIN ST.	When was the debt incurred?	
	Number Street STREATOR IL 61364 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical Services	
4.30	KURTZ AMBULANCE SERVICE INC.	Last 4 digits of account number	\$ <u>100.00</u>
	Nonpriority Creditor's Name P.O. BOX 457	When was the debt incurred?	
	WHEELING IL 60090 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	 □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Services 	

Debtor 1

CHRISTOPHER LYNN PATTERSON

First Name Middle Name Last Name

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Part 2: Your NONPRIORITY Unsecured Claims —Contin	nuation Page	
After listing any entries on this page, number them beginning wi	ith 4.5, followed by 4.6, and so forth.	Total claim
MARIANJOY REHABILITATION Nonpriority Creditor's Name	Last 4 digits of account number	\$ <u>36.00</u>
See Attachment 5	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
LANSING IL 60438 City State ZIP Code	Contingent	
Oily State III State	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Medical Services	
X No	Other, Specify Medical Octology	
☐ Yes		
4.32 MERIDIAN MEDICAL ASSOCIATES	Last 4 digits of account number	\$ 15.00
Nonpriority Creditor's Name		
2100 GLENWOOD AVE.	When was the debt incurred?	
Number Street JOLIET IL 60435	As of the date you file, the claim is: Check all that apply.	
JOLIET IL 60435 City State ZIP Code	Contingent	
•••	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
☐ At least one of the debtors and another	 Student toans Obligations arising out of a separation agreement or divorce that 	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Medical Services	
Is the claim subject to onser?	Other, Specify Wedical Services	
☐ Yes		
4.33 MORRIS HOSPITAL	Last 4 digits of account number	\$ 493.53
Nonpriority Creditor's Name	When was the debt incurred?	
C/O LAW OFFICE OF MICHAEL R. NAUGHTON P.O. BOX	10	
Number Street MANHATTAN IL 60442	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Chest are	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Medical Services	
☑ No		
☐ Yes		

Debtor 1

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CHRISTOPHER LYNN PATTERSON

First Name Middle Name Last Name

Pari	24 Your NONPRIORITY Unsecured Claims —Continu	ation Page	
Afte	listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
.34	MORRIS HOSPITAL	Last 4 digits of account number	\$ <u>500.00</u>
	Nonpriority Creditor's Name 150 W. HIGH ST.	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	MORRIS IL 60450 City State ZIP Code	□ Confingent □ Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card Charges	
.35	MORRIS HOSPITAL	Last 4 digits of account number	\$ 9,602.54
	Nonpriority Creditor's Name	— When was the debt incurred?	
	See Attachment 6 Number Street		
	DETROIT MI 48277	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	☐ Contingent☐ Unliquidated☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical Services 	
	No Yes		
.36	OPTIMA MEDICAL ASSOCIATES, LTD.	Last 4 digits of account number	\$ 409.00
	Nonpriority Creditor's Name 1050 ESSINGTON RD.	When was the debt incurred?	
	Number Street	 As of the date you file, the claim is: Check all that apply. 	
	JOLIET IL 60435 City State ZIP Code Who incurred the debt? Check one.	ContingentUnliquidatedDisputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
	☐ At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	

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Nonpriority Creditor's Name			When was the debt incurred?		
100 COMMERCIA	L DR., #4		When was the dept incurred?		
Number Street MORRIS	iL	60450	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
oly			Unliquidated		
Who incurred the debt?	Check one.		Disputed		
Debtor 1 only			,		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2	only		☐ Student loans		
At least one of the debt	ors and another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is	s for a community d	lebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to o	offset?		Other. Specify Personal Loan		
⊠ No					
Yes					

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.40 Last 4 digits of account number _ \$70.00 PRESENCE SAINT JOSEPH MEDICAL CENTER Nonpriority Creditor's Name When was the debt incurred? PATIENT FINANCIAL SERVICES 1643 LEWIS AVE., SUITE 203 Number Street As of the date you file, the claim is: Check all that apply. BILLINGS 59102 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ No Yes 4.41 s 700.00 Last 4 digits of account number ____ ___ ___ PRESENCE SAINT JOSEPH MEDICAL CENTER Nonpriority Creditor's Name When was the debt incurred? PATIENT FINANCIAL SERVICES 1643 LEWIS AVE., SUITE 203 Number Street As of the date you file, the claim is: Check all that apply. 59102-4151 **BILLINGS** ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify Medical Services Is the claim subject to offset? ☑ No ☐ Yes \$110.69 4.42 Last 4 digits of account number ____ ___ PROFESSIONAL RECOVERY CONSULTANTS, INC. Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 51187 Number Street As of the date you file, the claim is: Check all that apply. NC 27717 DURHAM ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that

you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

⊠ No ☐ Yes

Check if this claim is for a community debt

Is the claim subject to offset?

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Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. 4.43 Last 4 digits of account number _ \$1,467.00 PRO-MOTION PHYSICAL THERAPY Nonpriority Creditor's Name When was the debt incurred? 1010 S. RIDGE RD. Number Street As of the date you file, the claim is: Check all that apply. 60447 MINOOKA ☐ Contingent ■ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ No Yes 4.44 \$ 0.00 Last 4 digits of account number ___ _ _ _ ROBERT RUSSO Nonpriority Creditor's Name When was the debt incurred? 211 E. JEFFERSON ST., #B Number Street As of the date you file, the claim is: Check all that apply. **MORRIS** 60450 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services Is the claim subject to offset? ⊠ No ☐ Yes \$ 1,249.27 4.45 Last 4 digits of account number ____ ___ See Attachment 7 Nonpriority Creditor's Name When was the debt incurred? See Attachment 7 Street Number As of the date you file, the claim is: Check all that apply. 61301 **LASALLE** ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services Is the claim subject to offset? ⊠ No ☐ Yes

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CHRISTOPHER LYNN PATTERSON

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TEK-COLLECT	Last 4 digits of account number	\$ <u>414.00</u>
Nonpriority Creditor's Name P.O. BOX 1269	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
COLUMBUS OH City Stat Who incurred the debt? Check one.		
☐ Debtor 1 only☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community	debt	
Is the claim subject to offset?	☑ Other, Specify Medical Services	
☑ No ☐ Yes		
1.47 TELECHECK	Last 4 digits of account number	\$ 98.74
Nonpriority Creditor's Name	When was the debt incurred?	
C/O TRS RECOVERY SERVICES, Number Street		
CITY OF INDUSTRY CA	91716 As of the date you file, the claim is: Check all that apply.	
City Sta	te ZIP Code Contingent Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community	you did not report as priority claims	
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other shill a debts ☐ Other, Specify Credit Card Charges	
☑ No ☐ Yes		
4.48 WAKENIGHT AND ASSOCIATE	S. D.C. Last 4 digits of account number 1 2 8 9	\$ <u>1,802.00</u>
Nonpriority Creditor's Name	When was the debt incurred?	
707 N. YORK ST. SUITE 201		
Number Street ELMHURST IL	As of the date you file, the claim is: Check all that apply.	
City Ste	tle ZIP Code	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	□ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community	Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?	Other. Specify Legal Services	
☑ No ☐ Yes		

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CHRISTOPHER LYNN PATTERS Rument
First Name Middle Name Last Name

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	Your NONPRIORITY Unsecured Claims — Continua	non rage	
Afte	r listing any entries on this page, number them beginning with 4	I.5, followed by 4.6, and so forth.	Total claim
4.49	WAL-MART	Last 4 digits of account number 5 9 1 8	\$ <u>0.00</u>
	Nonpriority Creditor's Name C/O TRS RECOVERY SERVICES, INC. Number Street	When was the debt incurred?	
	CITY OF INDUSTRY CA 91716 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges	
	☑ No □ Yes		
4.50	WALMART/SYNCHRONY BANK	Last 4 digits of account number	\$ 341.97
	Nonpriority Creditor's Name P.O. BOX 530927	When was the debt incurred?	
	Number Street ATLANTA GA 30353	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit Card Charges	
	No Yes		
4.51	WINFIELD LABORATORY CONSULTANTS, S.C.	Last 4 digits of account number	\$_740.00
	Nonpriority Creditor's Name DEPT 4408	When was the debt incurred?	
	Number Street CAROL STREAM IL 60122-4408 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one.	Unliquidated Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Medical Services	
	Is the claim subject to diset? ☑ No ☐ Yes	Offier, Specify intedical Octations	

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Debtor 1

CHRISTOPHER LYNN PATTERSON
First Name Middle Name Last Name

Case number (if known)_

Aftei	listing any entries on this page, number them beginning with 4.5	i, followed by 4.6, and so forth.	Total claim
.52	WINFIELD RADIOLOGY CONSULTANTS Nonpriority Creditor's Name	Last 4 digits of account number	\$ <u>1,714.00</u>
	C/O ATG CREDIT 1700 W. CORLAND ST., SUITE 201	When was the debt incurred?	
	Number Street CHICAGO IL 60622 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	Is the claim subject to offset? No	Other. Specify Wedical Services	
	Yes	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	The second se
.53	WINFIELD RADIOLOGY CONSULTANTS, S.C.	Last 4 digits of account number	\$ 163.00
	Nonpriority Creditor's Name 6910 S. MADISON ST.	When was the debt incurred?	
	Number Street WILLOWBROOK IL 60527	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Student loans	
	☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	☑ Other. Specify Medical Services	
	☑ No ☐ Yes		
.54		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	Debtor 1 only	Time of MONDBIODITY	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	□ No □ Yes		

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Debtor 1

CHRISTOPHER LYNN PATTERSON Page 41 of 83
Case no.

Christ Name Middle Name Last Name

Case number (if known)_

Part 3:

List Others to Be Notified About a Debt That You Already Listed

CAPITAL ONE AUTO FINANCE	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
P.O. BOX 260848 Number Street	Part 2: Creditors with Nonpriority Unsecured Clain
PLANO, TX 75026 City State ZIP Code	Last 4 digits of account number
CAPITAL ONE AUTO FINANCE	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 259407 Number Street	Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
PLANO, TX 75025 City State ZIP Code	Last 4 digits of account number
CAPITAL ONE AUTO FINANCE	On which entry in Part 1 or Part 2 did you list the original creditor?
7933 PRESTON RD. Number Street	Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
PLANO, TX 75024 City State ZIP Code	Last 4 digits of account number
UNITED RECOVERY SYSTEMS, LP	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 722929 Number Street	Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
HOUSTON, TX 77272 City State ZIP Code	Last 4 digits of account number
CENTRAL DUPAGE EMERGENCY PHYSICIANS Name	On which entry in Part 1 or Part 2 did you list the original creditor?
DEPT 20 1098 Number Street	Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured
P.O. BOX 5940	Claims
CAROL STREAM, IL 60197 City State ZIP Code	Last 4 digits of account number
CENTRAL CREDIT SERVICES LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
20 CORPORATE HILLS DR. Number Street	Line 4.50 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
	Claims
SAINT CHARLES, Montana 63301 City State ZIP Code	Last 4 digits of account number
PORTFOLIO RECOVERY ASSOCIATES, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. BOX 12914 Number Street	Line 4.50 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1

CHRISTOPHER LYNN PATTERS OF LINE FIRST Name

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

MEDICAL RECOVERY SPECIALISTS, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
2250 E. DEVON AVE., SUITE 352	Line 4.51 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	☑ Part 2: Creditors with Nonpriority Unsecured Claim
	Last 4 digits of account number
DES PLAINES, IL 60018 City State ZIP Code	·
ery folder and search and the search	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZiP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
A SOLUTION OF THE PROPERTY OF THE WASHINGTON OF	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	
Number Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
City State ZIP Code	

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Debtor 1

CHRISTOPHER LYNN PATTERSON
First Name Middle Name Lact Management

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Available of the second of the		
		Total claim
Total claims	6a. Domestic support obligations	6a. \$0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b. \$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} + _{\$} 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$0.00
		Total claim
Total claims	6f. Student loans	6f. \$ <u>0.00</u>
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$</u> 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i. + _{\$.54,818.23}
	6j. Total. Add lines 6f through 6i.	6j. _{\$54,818.23}

Attachment Debtor: CHRISTOPHER LYNN PATTERSON Case No:

Attachment 1

C/O THE COLLECTION FIRM OF FRANKLIN COLLECTION SERVICE, INC. P.O. BOX 3910

Attachment 2

C/O NATIONWIDE CREDIT & COLLECTION, INC. C/O EVERGREEN BANK GROUP P.O. BOX 3219

Attachment 3

C/O NATIONWIDE CREDIT & COLLECTION, INC. 815 COMMERCE DR., SUITE 270

Attachment 4

C/O MERCHANTS' CREDIT GUIDE CO. 223 W. JACKSON BLVD., #700

Attachment 5

C/O UNITED RECOVERY SERVICE, LLC 18525 TORRENCE AVE., SUITE C-6

Attachment 6

C/O MIRAMED REVENUE GROUP DEPT 77304 P.O. BOX 77000

Attachment 7

STEPHEN MORIMOTO, DDS, AND GABRIELLA PAOLUCCI, DDS C/O COLLECTION PROFESSIONALS, INC. 723 FIRST ST. P.O. BOX 416

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e Eili	in this ir	nformation to ide	otify your case:					
	in uns ii	DAY DO SHARE HE HARRING THE PER	The Control of Street Control of the Control of Street					
Deb	otor	CHRISTOPHER First Name	LYNN PATTERSON Middle Name	Last Name		-		
	otor 2 ouse If filing)	RACHEL PATTI	ERSON Middle Name	Last Name		-		
l ` '			the: Northern District	of Illinois				
	se number	Durini uptoy obait for						
	nown)							Check if this is an amended filing
		****				-		
Off	ficial I	Form 1060	}					
Sc	hed	ule G: Ex	_ ecutory C	ontracts	and U	nexpired	Leases	12/15
infoi addi	rmation. tional pa Do you	If more space is a ges, write your n have any executo Check this box and	as possible. If two needed, copy the adame and case numbers contracts or une life this form with the promation below even	ditional page, fill it over (if known). Expired leases? Export with your othe	out, numb	er the entries, and a	attach it to this pag	e, On the top of any form.
2.	List sepa	aratoly each ners	on or company with	whom you have the	e contract	or lease. Then state	e what each contra	ct or lease is for (for s of executory contracts and
	Person	or company with	whom you have the	contract or lease		State what the	e contract or lease i	is for
2.1								
	Name							
enene coleman (Number	Street						
-	City		State ZIP Cod				erandus — o de este de descripto estimativo se misso este accesso de se diferênce de	epotovitimizmi vima se ramas o samaža, pot partijevenim od na žan ča ča sa manadove no titvo šamon
2.2								
***************************************	Name							
and the state of t	Number	Street		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	City	2.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	State ZIP Cod	le	and the second s			
2.3								
	Name							
	Number	Street						
	City		State ZIP Co	le				
2.4		100 - 100 -	197-9-3	000 C			***************************************	
	Name							
Control Control	Number	Street						
	City		State ZIP Co	de .				
2.5	Oily Commercial	2011-10-10-10-10-10-10-10-10-10-10-10-10-		The second secon	v	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Name				<u> </u>			
wenterbyddianno	Number	Street						

ZIP Code

State

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ebtor 1	CHRISTOPHER	YNN PATTERSON		
	First Name	Middle Name	Last Name	
ebtor 2	RACHEL PATTE	ERSON		
pouse, if filing)	First Name	Middle Name	Last Name	
		the: Northern District of III		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

,000	number (ii known). zalowei			
Į	ĭ No	? (If you are filing a joint case, do not	list either spouse as a	a codebtor.)
	Yes	a you lived in a community property	etato or torritoru? (Community property states and territories include
2. 1	Arizona, California, Idaho, Lo	uisiana, Nevada, New Mexico, Puerto	Rico, Texas, Washir	ngton, and Wisconsin.)
	No. Go to line 3.			
(Yes. Did your spouse, for	mer spouse, or legal equivalent live w	ith you at the time?	
	☐ No			
	Yes. In which commu	nity state or territory did you live?	, F	Fill in the name and current address of that person.
	Name of your spouse, form	er spouse, or legal equivalent		
	Number Street			
	City	State	ZIP Code	f your spouse is filing with you. List the person
	shown in line 2 again as a o Schedule D (Official Form ' Schedule E/F, or Schedule Column 1: Your codebtor	106D), S <i>chedule E/F</i> (Official Form [,]	arantor or cosigner. 106E/F), or Schedule	Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				
3.1	Name			Schedule D, line
	Tasio			Schedule E/F, line
	Number Street			☐ Schedule G, line
	City	State	ZIP Code	
3.2				Cahadula D. lina
	Name			Schedule D, line
	Number Street			Schedule G, line
	TATILITIES GROOT			Conducto of the
	City	State	ZIP Code	
3.3				Schedule D, line
-	Name			Schedule E/F, line
veneway.	Number Street			Schedule G, line
		01.1:	7IB Codo	
1	City	State	ZIP Code	

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Fill in this Information to identify y	Jur Case.				
Debtor 1 CHRISTOPHER LYNN					
First Name Debtor 2 RACHEL PATTERSO	Middle Name	Lest Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Northern District of Illinois			-	
Case number				Check if thi	s is:
(If known)				🔲 An ame	•
					ement showing post-petition 13 income as of the following date:
Official Form 106l				MM / DD	1/ YYYY
Schedule I: You	r Income				12/15
supplying correct information. If you	ı are married and not filii e is not filing with you, d op of any additional pag	ng jointly, and you Io not include info	r spou rmatio	ાંકe is living with yo on about your spou	· 2), both are equally responsible for ou, include information about your spouse. se. If more space is needed, attach a lown). Answer every question.
Fill in your employment information.		Debtor 1	00 <u>111</u> 00000000000000000000000000000000		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status		ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	LETTER CARR	IER		
Occupation may Include student or homemaker, if it applies.	Occupation				
Co.	Employer's name	USPS			
	Employer's address	202 WASHINGT	ON ST	Г	
		Number Street			Number Street
					A
		MORRIS, IL 604 City	50 State	e ZIP Code	City State ZIP Code
	How long employed the	•			•
		10 111 110	•		
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated	the date you file this for	m. If you have noth	ing to r	report for any line, w	rite \$0 in the space. Include your non-filing
If you or your non-filing spouse had below. If you need more space, a	ave more than one employ		ormatio	on for all employers f	or that person on the lines
	·		,	For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			2.	\$ 0.00	\$
3. Estimate and list monthly ove	rtime pay.		3.	+ \$ 0.00	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$ <u>0.00</u>	\$ 0.00

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Case number (if known)_

Debtor 1

CHRISTOPHER LYNN PATTERSON

		For Debtor 1		For Debtor 2 or non-filing spous	e		
Copy line 4 here	≯ 4.	\$_0.00		\$ <u>0.00</u>			
5. List all payroll deductions:							
5a. Tax, Medicare, and Social Security deductions	5a.	§ 0.00		\$			
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	•	\$			
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	-	\$			
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	-	\$			
5e. Insurance	5e.	\$ 0.00		\$			
5f. Domestic support obligations	5f.	\$ 0.00	_	\$			
	5g.	\$ 0.00	_	\$			
5g. Union dues 5h. Other deductions. Specify:	-	+ \$ 0.00		+ s			
		\$ 0.00	-	\$ 0.00			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	0.	\$ <u>0.00</u>	-	<u>a 0.50</u>			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	•	\$ <u>0.00</u>			
8. List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm							
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_0.00	-	\$_0.00			
8b. Interest and dividends	8b.	\$ <u>0.00</u>	_	\$ 0.00			
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent						
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ <u>0.00</u>	-	\$_0.00			
8d. Unemployment compensation	8d.	\$ <u>0.00</u>	_	\$ 0.00			
8e. Social Security	8e.	\$ 0.00	-	\$ <u>0.00</u>			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	· -	\$			
8g. Pension or retirement income	8g.	\$ 0.00		\$ 0.00			
8h. Other monthly income. Specify: WORKER'S COMPENSATION	8h.	+ \$ 2,695.60		+ \$ 0.00			
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 2,695.60		\$_0.00			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_2,695.60]+	\$ 0.00		=	\$_2,695.60
11. State all other regular contributions to the expenses that you list in Sche	dule J	<u>.</u>					
Include contributions from an unmarried partner, members of your household, friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are					ıle J.		
Specify:		. ,		_	11.	+	\$ <u>0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	e resul	t is the combined r	nonti it ann	nly income.	12.		\$_2,695.60
VALUE that allount on the Summary of four Assets and Claumiaes and Certain	Jianan	ou miorination, II	uph	,			Combined
13. Do you expect an increase or decrease within the year after you file this X No.	form?	,					monthly income
☑ Yes. Explain:							

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Fill in this information to identify yo	ur case:				
Debtor 1 CHRISTOPHER LYNN F	PATTERSON	2) 1/4/11			
First Name	Middle Name Last Name	Check if this			
Debtor 2 RACHEL PATTERSON (Spouse, if filing) First Name	Middle Name Last Name	An amen		-	etition chapter 13
United States Bankruptcy Court for the: N	orthern District of Illinois			he following	
Case number(if known)		MM / DD /	YYYY		
Official Form 106J					
Schedule J: You	r Expenses				12/15
Be as complete and accurate as possinformation. If more space is needed (if known). Answer every question.	sible. If two married people are filin, attach another sheet to this form.	g together, both are equally res On the top of any additional pa	ponsibl ges, wri	e for supplyin te your name	g correct and case number
Part 1: Describe Your Hous	ehold				
1. Is this a joint case?					
No. Go to line 2.✓ Yes. Does Debtor 2 live in a second	eparate household?				
☐ No ☑ Yes. Debtor 2 must file	Official Forms 106J-2, Expenses for	Separate Household of Debtor 2.	anno mandra anno anno anno anno anno anno anno an		
2. Do you have dependents?	□ No	Dependent's relationship to	1	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2		age	with you?
Do not state the dependents'	•	Daughter	1	4	No Yes Yes No No
names.					☐ No
			-	1	Yes
					☐ No ☐ Yes
:					☐ No
		<u></u>			Yes
					☐ No
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	10 10 - P	- No. HOUSE CO.		AVEAUTO	☐ Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ Yes	S. S. AMMINA PLANT STATE OF THE		A. Mannadari	
Part 2: Estimate Your Ongoin	ng Monthly Expenses				
Estimate your expenses as of your expenses as of a date after the band applicable date.					
Include expenses paid for with non- such assistance and have included				Your expe	nses
The rental or home ownership early rent for the ground or lot.	xpenses for your residence. Include	e first mortgage payments and	4.	\$ 900.00	
If not included in line 4:					
4a. Real estate taxes			4a.	\$ 0.00	
4b. Property, homeowner's, or re	enter's insurance		4 b.	\$_0.00	
4c. Home maintenance, repair, a	and upkeep expenses		4c.	\$_100.00	
4d. Homeowner's association or	condominium dues		4d.	\$ <u>0.00</u>	

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Debtor 1

CHRISTOPHER LYNN PATTERSON
First Name Middle Name Last Name

Case number (if known)_____

1			Your expenses
E Additional mortgage n	ayments for your residence, such as home equity loans	5.	\$ 0.00
5. Additional mortgage p	ayments for your residence, such as nome equity loans	0.	
6. Utilities:		_	A 250 00
6a. Electricity, heat, no		6a.	\$ 250.00
6b. Water, sewer, gart	-	6b.	\$ 65.00 a 175.00
	one, Internet, satellite, and cable services	6c,	\$ 175.00 2 110.00
	ABLE AND INTERNET	6d.	\$ 110.00
7. Food and housekeeping	ng supplies	7.	\$ <u>450.00</u>
8. Childcare and children	n's education costs	8.	\$ 0.00
9. Clothing, laundry, and	dry cleaning	9.	\$ <u>50.00</u>
10. Personal care product	ts and services	10.	\$ <u>30.00</u>
11. Medical and dental ex	penses	11.	\$_0.00
12. Transportation. Include Do not include car payn	e gas, maintenance, bus or train fare. nents.	12.	\$ 300.00
13. Entertainment, clubs,	recreation, newspapers, magazines, and books	13.	\$ <u>25.00</u>
14. Charitable contributio	ns and religious donations	14.	\$ <u>0.00</u>
15. Insurance. Do not include insurance.	ce deducted from your pay or included in lines 4 or 20.		
15a. Life insurance		15a.	\$ 0.00
15b. Health insurance		15b.	\$ 0.00
15c. Vehicle insurance		15c.	\$ <u>118.00</u>
15d. Other insurance. S	Specify:	15d.	\$ <u>0.00</u>
	axes deducted from your pay or included in lines 4 or 20.	16.	\$_0.00
17. Installment or lease pa	ayments:		
17a. Car payments for	Vehicle 1	17a.	\$ <u>0.00</u>
17b. Car payments for	Vehicle 2	17b.	\$ <u>0.00</u>
17c. Other. Specify:		17c.	\$
17d. Other Specify:		17đ.	\$
18. Your payments of alin your pay on line 5, Sc	nony, maintenance, and support that you did not report as deducted from hedule I, Your Income (Official Form 106I).	18.	\$ <u>0.00</u>
19. Other payments you г	nake to support others who do not live with you.		
• •	· · · · · · · · · · · · · · · · · · ·	19.	\$ 0.00
20. Other real property ex	spenses not included in lines 4 or 5 of this form or on Schedule i: Your Inc	ome.	
20a. Mortgages on othe	er property	20a.	\$ <u>0.00</u>
20ь. Real estate taxes		20b.	\$ <u>0.00</u>
	ner's, or renter's insurance	20c,	\$ <u>0.00</u>
	air, and upkeep expenses	20d.	\$ 0.00
	•		

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ebtor 1		CHRISTOPHER LYNN PATTERSON First Name Middle Name Last Name				Case number (if known)				
	First Name	Middle Name	Last Rame							
						4				
Other	r. Specify:						21.	+\$ 0.00		
Calcu	ılate vour moi	nthly expenses.						\$ 2,573.00		
22a. /	Add lines 4 thro	ough 21.			10010			\$ 1,120.00		
22b. 0	Copy line 22 (n Add line 22a ar	nonthly expenses nd 22b. The resu	s for Debtor 2), It is vour month	, if any, from Official Fo hly expenses.	nm 106J-2		22.	\$ 3,693.00		
220.7	ad inic zza ai	10 ZZB. 1110 1000	icio your monu	, ii, oxponece				4		
3. Calcul	late vour mon	thly net income								
	•	•) from Schedule I.			23a.	\$ <u>2,695.60</u>		
							ank	. 0 000 00		
23b.	Copy your mor	nthly expenses fr	om line 22 abo	ove.			23b.	- \$3,693.00		
23c.	Subtract your i	monthly expense	s from vour mo	onthly income.						
	•	our <i>monthly net i</i>		,			23c.	\$ -997.40		
	•	-								
i. Do yo	u expect an ir	ncrease or decre	ease in your e	expenses within the y	ear after you i	file this form?				
For ex	cample, do you	expect to finish	paying for your	r car loan within the ye	ar or do you ex	xpect your				
mortga	age payment to	o increase or dec	rease because	e of a modification to th	ne terms of you	ır mortgage?				
☐ No										
_			- Committee of the control of the co			A. A		adam kiri, ang kiring manakah karamanan melakah nambah nahirah nahirah na sabah karaman hili kiring memenembah		
☐ Ye	s. Explain	here:								

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F	ill in this information to identify y	our case:				
D	ebtor 1 CHRISTOPHER LYNN		Check if this	ie:		
l D	First Name ebtor 2 RACHEL PATTERSO	Middle Name Last Name	An amer			
(8	pouse, if filing) First Name	Middle Name Last Name	i i			etition chapter 13
U	nited States Bankruptcy Court for the No	rthern District Of Illinois			he following	·
	ase number f known)		MM / DD	YYYY	_	
0	fficial Form 106J-2					
S	chedule J-2: E	xpenses for Separ	ate Household	of D	ebtor 2	12/15
De on ne	btor 2 have one or more depende ly with respect to expenses for D eded, attach another sheet to this estion.	e household expenses ONLY IF Deb ents in common, list the dependents ebtor 2 that are not reported on Scho s form. On the top of any additional p	on both Schedule J and this for edule J. Be as complete and a	<i>rm. An</i> ccurate	swer the que as possible. If	stions on this form more space is
P	art 1: Describe Your Hou	sehold	· · · · · · · · · · · · · · · · · · ·			
1	Do you and Debtor 1 maintain se	eparate households?				
	No. Do not complete this for Yes	rm.				
2.	Do you have dependents?	□ No	Dependent's relationship to	!	Dependent's	Does dependent live
Do not list Debtor 1 but list all other dependents of Debtor 2		Yes. Fill out this information for each dependent	Debtor 2:		age	with you?
	regardless of whether listed as a dependent of Debtor 1 on Schedule J.	caor deportación	Daughter		14	□ No ☑ Yes
	Only list dependents					☐ No ☐ Yes
	Do not state the dependents'					☐ No
•	names.					☐ Yes
						□ No
						☐ Yes
:						□ No □ Yes
3.	Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?	☑ No □ Yes				
	art 2: Estimate Your Ongo	ing Monthly Expenses				
		r bankruptcy filing date unless you a	re using this form as a supple	ment in a	a Chapter 13 o	case to report
	xpenses as of a date after the bar				•	•
		n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Offi			Your expe	nses
4	. The rental or home ownership of any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4.	\$ <u>0.00</u>	
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$ <u>0.00</u>	
	4b. Property, homeowner's, or r	renter's insurance		4b.	\$_0.00	
	4c. Home maintenance, repair,	and upkeep expenses		4c.	\$ 0.00	
	4d. Homeowner's association o	r condominium dues		4d.	\$ <u>0.00</u>	<u> </u>

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Debtor 1

RACHEL PATTERSON
First Name Middle Name

rst Name Middle Name Last Name

Case number (if known)

:			Your expenses
: -	A LUC - Lucy to a superior for a superior real dense such as home south loops	5.	\$ 0.00
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		000.00
	6a. Electricity, heat, natural gas	6a,	\$ 200.00
:	6b. Water, sewer, garbage collection	6b.	\$ 65.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 0.00
	ed. Other. Specify: See Attachment 1	6d,	\$ 230.00
7.	Food and housekeeping supplies	7.	\$ 200.00
8,	Childcare and children's education costs	8.	\$ 0.00
9.	Clothing, laundry, and dry cleaning	9.	\$ 50.00
10.	Personal care products and services	10.	\$ <u>25.00</u>
11.	Medical and dental expenses	11.	<u>\$ 100.00</u>
12. :	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ <u>200.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>0.00</u>
14.	Charitable contributions and religious donations	14.	\$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$_0.00
	15b. Health insurance	15b.	\$ <u>0.00</u>
	15c. Vehicle insurance	15c.	\$ 50.00
:	15d. Other insurance. Specify:	15d.	\$_0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$_0.00
: 17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$ <u>0.00</u>
:	17b. Car payments for Vehicle 2	17b.	\$ <u>0.00</u>
	17c. Other, Specify:	17c.	\$
:	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$_0.00
19.	Other payments you make to support others who do not live with you.		
:	Specify:	19.	\$_0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	e.	
-	20a. Mortgages on other property	20a.	\$ <u>0.00</u>
	20b. Real estate taxes	20b.	\$ 0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$_0.00
	20e. Homeowner's association or condominium dues	20e.	\$ 0.00

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7.O1 t	RACHEL PATTERSON Case number (if known) rist Name Middle Name Last Name		
Other. Sp	ecify:	21.	+\$_0.00
The result	nthly expenses. Add lines 5 through 21. is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the nses for Debtor 1 and Debtor 2.	22.	\$_1,120.00
Line not us	sed on this form.		
Do you ex	pect an increase or decrease in your expenses within the year after you file this form?		
	le, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage?		
□ No.			10 Not 1 10 Notes to 10 No
☐ Yes.	Explain here:		

Attachment Debtor: CHRISTOPHER LYNN PATTERSON Case No:

Attachment 1

Description: TELEPHONE

Amount: \$130.00

Description: CABLE AND INTERNET

Amount: \$100.00

Fill in this information to identify your case:							
Debtor 1	CHRISTOPHER First Name	LYNN Middle Name	PATTERSON Last Name				
Debtor 2	RACHEL	WIGGIS MAILS	PATTERSON				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	Northern Distric	t of Illinois				
Case number	(If known)						

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	\$
1a. Copy line 55, Total real estate, from Schedule A/B	Φ
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>16,135.00</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$ 16,135.00
art 2: Summarize Your Liabilities	
	Your liabilities
The state of the s	Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 54,838.85
Your total liabilities	\$ 54,838.85
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	_{\$} 2,695.60
Copy your combined monthly income from line 12 of Schedule I	φ <u>=,====</u>
Schedule J: Your Expenses (Official Form 106J)	\$ <u>3,693.00</u>

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Debtor 1	CHRISTOPHE	R LYNN		PATTERSON	Case number (if known)
DODIO! !		Middle Name	Last Name		

Pa	Answer These Questions for Administrative and Statistical Records	···				
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?					
	 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 					
7.	What kind of debt do you have?					
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purpose.	individual primarily for a per ses. 28 U.S.C. § 159.	sonal,			
	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box	and submit			
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official	\$ 2,695.60			
	From Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim				
		Total claim				
	O. D. Cottle and Alfa-lines (Octobbra Ca.)					
	9a. Domestic support obligations (Copy line 6a.)	\$				
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00	_			
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00	_			
	9d. Student loans. (Copy line 6f.)	\$ 0.00	_			
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$				
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0.00</u>	_			
	9g. Total. Add lines 9a through 9f.	\$ 0.00				

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Fill in this in	formation to identify y	our case:		
Debtor 1	CHRISTOPHER LYNN	PATTERSON		
	First Name	Middle Name	Last Name	
Debtor 2	RACHEL PATTERSON	٧		
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the: _	Norther	n District Of Illinois	
Case number				
(If known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

Check if this is an amended filing

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
⊠ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
that they are true and correct.	I the summary and schedules filed with this declaration and
* sichristopher Lynn Rottor	son Law Susan Patterson
Signature of Debtor 1	Signature of Debtor 2
Date <u>03/17/2016</u> MM / DD / YYYY	Date 03/17/2016 MM / DD / YYYY

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Fill in this in	nformation to identify	your case:	.* *
Debtor 1	CHRISTOPHER	LYNN	PATTERSON
	First Name	Middle Name	Last Name
Debtor 2	RACHEL.		PATTERSON
(Spouse, if filing	i) First Name	Middle Name	Last Name
United States	Bankruptcy Court for the:	Northern District of Illinois	
Case number (If known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

× N	t is your current marita <i>N</i> arried	ıl status?					
Ü	lot married						
	No	e you lived anywhere o					
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
				Same as Debtor 1			Same as Debtor 1
	Number Street		From	905 Lincoln St. Number Street			From
	Number Steet		To	Number Odect			То
				Morris	IL	60450	
	City	State ZIP Code		City	State Z	IP Code	
				Same as Debtor 1			Same as Debtor 1
			From	Number Street		(1-1-1)	From
	Number Street		То	Number Street			То
			-			HID 0 1	
	City	State ZIP Code		City	State	ZIP Code	
3. With and	territories include Arizor	you ever live with a sp na, California, Idaho, Lou	oouse or legal equiv Jisiana, Nevada, Nev	valent in a community prop v Mexico, Puerto Rico, Texa	pe rty state o as, Washingt	r territory? (C on, and Wisco	Community property states nsin.)

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Case number (if known)_

CHRISTOPHER LYNN PATTERSON

Did you have any income from employment Fill in the total amount of income you receive if you are filing a joint case and you have income to the property of t	d from all jobs and all busir	nesses, including part-tin	ne activities.	dar years?
Tog. 1 in in the details.	Débtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions an exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$ 0.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$ 0.00
For last calendar year: (January 1 to December 31, 2015	Wages, commissions, bonuses, tips Operating a business	\$ <u>793.00</u>	☒ Wages, commissions, bonuses, tips☒ Operating a business	\$ 30,543.00
	· · · · · · · · · · · · · · · · · · ·	***************************************	Wages, commissions,	
For the calendar year before that: (January 1 to December 31, 2014 YYYYY Did you receive any other income during to Include income regardless of whether that include income regardless of whether the regardless of whether the regardless of whether the regardless of whether the regardless of whether that include income regardless of whether the regardless	come is taxable. Examples rental income; interest; div	of other income are alin vidends; money collected	bonuses, tips Operating a business nony; child support; Social S	\$ 40,884.00 Security, unemploymend gambling and lotter
(January 1 to December 31, 2014 YYYY Did you receive any other income during t Include income regardless of whether that inc	bonuses, tips) Operating a business his year or the two previous come is taxable. Examples rental income; interest; div	ous calendar years? of other income are alin vidends; money collected elved together, list it only	bonuses, tips Operating a business nony; child support; Social S d from lawsuits; royalties; ar y once under Debtor 1.	Security, unemploymen
(January 1 to December 31, 2014 YYYY Did you receive any other income during to Include income regardless of whether that include income regardless of white include income regardless of white include income regardless of whether that include income regardless of white income regardless of white include income regardless of white income regardless of w	bonuses, tips) Operating a business his year or the two previocome is taxable. Examples rental income; interest; diversity in the properties of the propert	ous calendar years? of other income are alin vidends; money collected elved together, list it only	bonuses, tips Operating a business nony; child support; Social S d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4.	Security, unemploymen
(January 1 to December 31, 2014 YYYY Did you receive any other income during t Include income regardless of whether that incand other public benefit payments; pensions; winnings. If you are filing a joint case and you List each source and the gross income from	bonuses, tips) Operating a business his year or the two previous come is taxable. Examples a rental income; interest; diversity in have income that you recearch source separately. Do Debtor 1 Sources of income Describe below.	ous calendar years? of other income are alinvidends; money collected eived together, list it only to not include income that Gross income from each source (before deductions and	bonuses, tips Operating a business nony; child support; Social S d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions an

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Debtor 1 CHRISTOPHER LYNN PATTERSON Case number (if known) Last Name

Are eithe	r Debtor 1's or Debtor 2's debts primarily c	onsumer debt	s?		
0	Neither Debtor 1 nor Debtor 2 has primarily 'incurred by an individual primarily for a perso	nal, family, or h	ousehold purpose."		(8) as
I	During the 90 days before you filed for bankru	ptcy, did you pa	ay any creditor a total of	\$6,425* or more?	
Į	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do n	o not include p	ayments for domestic su	ipport obligations, such as	
•	* Subject to adjustment on 4/01/19 and every				
ĭ Yes. I	Debtor 1 or Debtor 2 or both have primarily	consumer de	bts.		
	During the 90 days before you filed for bankru			\$600 or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payments	domestic supports to an attorne	oort obligations, such as ey for this bankruptcy ca	child support and ise.	W (1)
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				Car
	Number Street	•			Credit card
					Loan repayment
					Suppliers or vendor
	City State ZIP Code				
	City State ZIP Code			, days has more representatives a second and second second second second second second second	
	City State ZIP Code	**************************************	\$	\$\$	
	City State ZIP Code		\$	\$\$	Other
	Creditor's Name	4476476.74	\$	\$	Other
	AAAAAA 12 VA A		\$	\$\$	Other Mortgage Car
	Creditor's Name		\$	\$	Other Mortgage Car Credit card Loan repayment
	Creditor's Name Number Street		\$	\$\$	☐ Car ☐ Credit card
	Creditor's Name		\$	\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendor
	Creditor's Name Number Street				☐ Other Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other
	Creditor's Name Number Street		\$	\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
	Creditor's Name Number Street City State ZIP Code				Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
	Creditor's Name Number Street City State ZIP Code				Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
	Creditor's Name City State ZIP Code Creditor's Name				Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
	Creditor's Name City State ZIP Code Creditor's Name				Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other

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ebtor 1	CHRISTOPHER LYNN PATTERSON First Name Middle Name Last Name		C	Case number (if known)_	
Inside corpor agent	n 1 year before you filed for bankruptcy, did youers include your relatives; any general partners; relations of which you are an officer, director, person, including one for a business you operate as a solas child support and alimony.	atives of any g n in control, or	eneral partners; pa owner of 20% or m	rtnerships of which ore of their voting s	you are a general partner; securities; and any managing
	es. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
ī	Insider's Name		\$	\$	
ī	Number Street				
;	City State ZIP Code				
	Insider's Name		\$	\$	
1	Number Street				
•	City State ZIP Code				
an in:	n 1 year before you filed for bankruptcy, did you sider? de payments on debts guaranteed or cosigned by a		ayments or transfe	er any property on	account of a debt that benefited
×Ν					
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name		\$	\$	
	Number Street				
	City State ZIP Code	<u>-</u>			
•	Insider's Name		\$. \$	
	Number Street				
	City State ZIP Code				

Debtor 1

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CHRISTOPHER LYNN PATTERSON Case number (if known) Debtor 1 First Name Middle Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Status of the case Nature of the case Court or agency MEDICAL COLLECTIONS GRUNDY COUNTY CIRCUIT COURT Case title PERSONAL FINANCE Pending Court Name On appeal See Attachment 1 111 E. WASHINGTON ST. Concluded Number Street Case number 2015 SC 311 **MORRIS** 60450 State ZIP Code City CREDIT COLLECTIONS GRUNDY COUNTY CIRCUIT COURT Pending Case title COLLECTION Court Name On appeal See Attachment 2 111 E. WASHINGTON ST. Concluded Number Street Case number 2015 SC 300 **MORRIS** IL 60450 State 7IP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the property Describe the property Date Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City ZIP Code Value of the property Date Describe the property Creditor's Name Number Street

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Explain what happened

ZIP Code

State

City

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or 1 CHRISTOPHER LYNN PATTERSC First Name Middle Name Last	Name Case nu	mber (# known)
Within 90 days before you filed for bankrup accounts or refuse to make a payment bec	otcy, did any creditor, including a bank or financ ause you owed a debt?	cial institution, set off any amounts from your
Yes. Fill in the details.		
	Describe the action the creditor took	Date action Amount was taken
Creditor's Name		
Number Street	•	<u> </u>
City State ZIP Code	Last 4 digits of account number: XXXX	
Within 1 year before you filed for bankrupt creditors, a court-appointed receiver, a cu ☑ No ☑ Yes	cy, was any of your property in the possession stodian, or another official?	of an assignee for the benefit of
rt 5: List Certain Gifts and Contribu	itions	
Within 2 years before you filed for bankrup ☑ No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	tcy, did you give any gifts with a total value of r Describe the gifts	Dates you gave Value
per person		the gifts
Person to Whom You Gave the Gift	-	
Number Street	To the property of the second	\$
City State ZIP Code Person's relationship to you		·
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave Value the gifts
Person to Whom You Gave the Gift	Harding de Apparation Constant	\$
Number Street		\$
City State ZIP Code Person's relationship to you		

Debtor 1

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otor 1	CHRISTOPHER LYNN PATTERSOI			
	First Name Middle Name Last N	ame		
Vith	in 2 years before you filed for bankrupt	cy, did you give any gifts or contributions with a total value	of more than \$600 t	to any charity?
		hution		
–	Yes. Fill in the details for each gift or contr	pulion.		
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
			Province	
				\$
ō	Charity's Name			Ψ
_	N			\$
	Number Street			
			OCCUPATION AND ADDRESS OF THE PROPERTY OF THE	
-	City State ZiP Code		-	
	S. Link Contain Lancas			
rt 6	List Certain Losses			
u	Yes. Fill in the details. Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
		claims on line 33 of Schedule A/B: Property.		
	· · · · · · · · · · · · · · · · · · ·		¥	\$
randram				
rt 7	List Certain Payments or Trans	fers		
Wit	hin 1 year before you filed for bankrupte	ey, did you or anyone else acting on your behalf pay or trans	sfer any property to	anyone you
con	sulted about seeking bankruptcy or pre	eparing a bankruptcy petition? parers, or credit counseling agencies for services required in yo	ur bankruntev.	
		parets, or circum countriening agentices for son vices requires in ye	ar banki aptoji	
	No Yes, Fill in the details.			
		Description and value of any property transferred	Date payment or	Amount of paymen
	001 Debtorcc, Inc.		transfer was made	
	Person Who Was Paid			
	Number Street		03/11/16	\$ 15.00
				\$
				Ψ
	City State ZIP Code			
	Carl and the standard			
	Email or website address			
	Person Who Made the Payment, if Not You			

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Айжин үүлэг хүү үүн өрөгүү нэг хамаа х Хамаа хамаа ха				
	Description and value of any property tra	ansferred	Date payment or transfer was made	Amount of payment
rson Who Was Paid				¢
mber Street				Φ
				\$
y State ZIP Code				
nail or websile address				
rson Who Made the Payment, if Not You	vanes (vanes de la constante d			
s. Fill in the details.				
	Description and value of any property tr	ansferred	Date payment or transfer was made	Amount of payme
erson Who Was Paid	·	and the control of th		\$
umber Street	-	то по		\$
ty State ZIP Code	-	reasonation		·
erred in the ordinary course of your	made as security (such as the granting of			
include gifts and transfers that you ha				
include gifts and transfers that you ha	Description and value of property transferred			Date transfei was made
include gifts and transfers that you ha				
include gifts and transfers that you ha				
include gifts and transfers that you ha				
include gifts and transfers that you has. Fill in the details. Person Who Received Transfer Imber Street				
include gifts and transfers that you has s. Fill in the details. erson Who Received Transfer umber Street ty State ZIP Code				
include gifts and transfers that you has s. Fill in the details. First In the details.				
include s. Fill in erson Who	o Received Transfer Street	Description and value of property transferred Received Transfer	Description and value of property or debts paid in exchange Received Transfer Street	Description and value of property transferred or debts paid in exchange Received Transfer

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	Description and value of the prope	rty transferred		Date transfer
	All of Balance (and the second		A.40.M. 8000	was made
Name of trust				
	_			territory transfer
	And the second s		, , , , , , , , , , , , , , , , , , , 	
8: List Certain Financial Accoun	ts, Instruments, Safe Deposit E	Royas and Storage	Units	A STATE OF THE STA
<u> </u>			· · · · · · · · · · · · · · · · · · ·	
ithin 1 year before you filed for bankru	ptcy, were any financial accounts o	r instruments held in y	our name, or for your b	enefit,
osed, sold, moved, or transferred?				
clude checking, savings, money marke			res in banks, credit unic	ons,
rokerage houses, pension funds, coop No	eranves, associations, and other im	anciai institutions.		
Yes. Fill in the details.				
	Last 4 digits of account number	Type of account or	Date account was	Last balance befo
	Last 4 digits of account number	instrument	closed, sold, moved,	closing or transfe
			or transferred	
Name of Financial Institution		Checking		•
	XXXX	_	-	\$
	_	☐ Savings		
Number Street		— — — — — — — — — — — — — — — — — — —		
Number Street	_	Money market		
	_	☐ Brokerage		
Number Street City State ZIP Code	_ _ 		<u></u>	
City State ZIP Code	- 	☐ Brokerage ☐ Other		
City State ZIP Code		☐ Brokerage ☐ Other		\$
City State ZIP Code		☐ Brokerage ☐ Other ☐ Checking ☐ Savings		\$
City State ZIP Code		☐ Brokerage ☐ Other	· · · · · · · · · · · · · · · · · · ·	\$
City State ZIP Code Name of Financial Institution	XXXX	☐ Brokerage ☐ Other ☐ Checking ☐ Savings	- · · · · · · · · · · · · · · · · · · ·	\$
City State ZIP Code Name of Financial Institution	XXXX	Brokerage Other Checking Savings Money market		\$

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or 1	CHRISTOPHER LYNN PATTERSC First Name Middle Name Last	Name	Case number (# Imown)	
Have y∘ ☑ No		or place other than your home withi	in 1 year before you filed for bankruptcy	1?
☐ Yes	s. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you still have it?
N	Name of Storage Facility	Name		□ No □ Yes
N	Number Street	Number Street		
-	L. MPI	CityState ZiP Code		
ō	City State ZIP Code			
or hoi	ld in trust for someone.		operty you borrowed from, are storing f Describe the property	for, Value
		,		
7	Oumar's Nama		į	1 S
_	Owner's Name	Number Street		\$
_	Owner's Name Number Street	Number Street		\$
, -	Number Street	Enderstand Control Control	Code	\$
- -	Number Street City State ZIP Code	City State ZIP	Code	\$
t 10: the p Environ hazar include Site m it or u	Give Details About Environmental law means any federal, startdous or toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper used to own, operate, or utilize it, incl	City State ZIP nental Information nitions apply: te, or local statute or regulation cor r material into the air, land, soil, sui ng the cleanup of these substances ty as defined under any environme uding disposal sites.	ncerning pollution, contamination, relea	ises of ium, e, or utilize
tt 10: the p Environ hazar includ Site n it or u Hazar subst	Give Details About Environm Ourpose of Part 10, the following define the commental law means any federal, start and ous or toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper used to own, operate, or utilize it, included the control of the control	city State ZIP nental Information nitions apply: te, or local statute or regulation cor r material into the air, land, soil, sui ng the cleanup of these substances ty as defined under any environme uding disposal sites. vironmental law defines as a hazar contaminant, or similar term.	ncerning pollution, contamination, relea rface water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi	ises of ium, e, or utilize
the p Envin hazar includ Site n it or u Hazar subst	Give Details About Environmourpose of Part 10, the following define any federal, state and to toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper used to own, operate, or utilize it, includes material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you that o	nental Information nitions apply: te, or local statute or regulation cor r material into the air, land, soil, sui ng the cleanup of these substances ty as defined under any environme uding disposal sites. vironmental law defines as a hazar contaminant, or similar term. that you know about, regardless o	ncerning pollution, contamination, relea rface water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi	ises of ium, e, or utilize
the p Envin hazar includ Site n it or u Hazar subst	Give Details About Environmourpose of Part 10, the following definitionmental law means any federal, star reduces or toxic substances, wastes, or ding statutes or regulations controllimeans any location, facility, or proper used to own, operate, or utilize it, includes material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you that	nental Information nitions apply: te, or local statute or regulation cor r material into the air, land, soil, sui ng the cleanup of these substances ty as defined under any environme uding disposal sites. vironmental law defines as a hazar contaminant, or similar term. that you know about, regardless o	ncerning pollution, contamination, relea rface water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi f when they occurred.	ises of ium, e, or utilize
the p Envirinctud Site n it or u Hazar subst Has a	Give Details About Environmourpose of Part 10, the following define any federal, state and to toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper used to own, operate, or utilize it, includes material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings any governmental unit notified you that o	city State ZIP nental Information nitions apply: te, or local statute or regulation cor r material into the air, land, soil, sui ng the cleanup of these substances ty as defined under any environme uding disposal sites. vironmental law defines as a hazar contaminant, or similar term. that you know about, regardless o	ncerning pollution, contamination, releat rface water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi if when they occurred. able under or in violation of an environ	ises of ium, e, or utilize ic mental law?
rt 10: r the p Environ hazar includ Site in it or u Hazar subst port a Has a	Give Details About Environmourpose of Part 10, the following definition of the followi	nental Information nitions apply: te, or local statute or regulation cor r material into the air, land, soil, sui ng the cleanup of these substances ty as defined under any environme uding disposal sites. vironmental law defines as a hazar contaminant, or similar term. that you know about, regardless o at you may be liable or potentially li	ncerning pollution, contamination, releat rface water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi if when they occurred. able under or in violation of an environ	ises of ium, e, or utilize ic mental law?

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CHRISTOPHER LYNN PATTERSON

1 CHRISTOPHER LYNN PATTER First Name Middle Name	Last Name	Case number (if known)	
lave you notified any governmental unit	t of any release of hazardous m	aterial?	
No No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
			- Anna
Name of site	Governmental unit		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second s
Number Street	Number Street		
and any of the	City State ZIP Co	a da	
	City State ZiP Ci	oue	
City State ZIP Code			
Java you been a party in any judicial or	administrative proceeding und	er any environmental law? Include settlement	s and orders
-	administrative proceeding und	of any chivicolational law thousand determined	o una oracio,
☑ No ☑ Yes, Fill in the details.			
i res. Fill III the details.	Court or agency	Nature of the case	Status of the
	Court of agency		case
Case title			Pending
	Court Name		On appea
	Number Street		☐ Conclude
	Hallow Vilea		
Case number	City State	ZIP Code	
	•	\$ 11 to 10 t	3
t 11: Give Details About Your B	Business or Connections to	Any Business	
A member of a limited liability co A partner in a partnership An officer, director, or managing An owner of at least 5% of the vo No. None of the above applies. Go to Yes. Check all that apply above and	ompany (LLC) or limited liability gexecutive of a corporation oting or equity securities of a co o Part 12.	orporation h business. usiness Employer identificatio	n number Security number or iTiN.
Business Name	A A A A A A A A A A A A A A A A A A A		•
Appendix		EIN:	
Number Street	Name of accountant or bool	kkeeper Dates business existe	d
		From To	D
City State ZIP Code			
	Describe the nature of the b		n number Security number or ITIN.
Business Name			-
N	Application of the contract of	EIN:	
Number Street	Name of accountant or bool	kkeeper Dates business existe	
	Maine of accountant of boot	kkeehet Dates pusitiess existe	g .
· · · · · · · · · · · · · · · · · · ·	—	Areeher Dates pusiness existe	g
· · · · · · · · · · · · · · · · · · ·	—	From To	

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		Name	
		Describe the nature of the business	Employer Identification number
	Business Name		Do not include Social Security number or ITIN.
	Duameso lagnic		EIN:
	Number Street	Name of accountant or bookkeeper	Dates business existed
		THE PROPERTY OF THE PROPERTY O	From To
	City State ZIP Code	de la constanta de la constant	
ithi	in 2 years before you filed for hankrur	atov, did you give a financial statement to	anyone about your business? Include all financial
	cutions, creditors, or other parties.	ncy, the you give a manetal statement to	anyone about your buomood? mosade an maneral
l N	ln		
	es. Fill in the details below.		
		Date issued	
	Name	MM / DD / YYYY	
	Number Street		
	City State ZIP Code		
12	a Sign Below		
l ha	ve read the answers on this <i>Stateme</i> wers are true and correct. I understa	nd that making a false statement, concea	ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
l ha ans in c	eve read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case ca U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concea n result in fines up to \$250,000, or impris	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
l ha ans in c	eve read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case ca U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concea n result in fines up to \$250,000, or impris	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
l ha ans in c	eve read the answers on this Statement over are true and correct. I understated the statement of the stateme	nd that making a false statement, concea n result in fines up to \$250,000, or impris Wan Radul Si	ling property, or obtaining money or property by fraud
I ha ans in c 18 I	eve read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case ca U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concea n result in fines up to \$250,000, or impris Wan Radul Si	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
ha ans in c 18 (ove read the answers on this Statemers wers are true and correct. I understate connection with a bankruptcy case call. S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concean result in fines up to \$250,000, or impris ***Example 1.50 **Example 1.50 **	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
i ha ans in c 18 I	ove read the answers on this Statemers wers are true and correct. I understate connection with a bankruptcy case call. S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concean result in fines up to \$250,000, or impris ***Example 1.50 **Example 1.50 **	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
I ha ans in c	ive read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case cau.s.c. §§ 152, 1341, 1519, and 3571. WARDPALA THE STOPHER LYNN PATTERSON Signature of Debtor 1 Date 17 March 2016	nd that making a false statement, concean result in fines up to \$250,000, or impris **Example 17 March 2016** The provided High Statement of Concean Provi	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
i ha ans in c 18 l	eve read the answers on this Statement wers are true and correct. I understate to the statement of the state	nd that making a false statement, concean result in fines up to \$250,000, or impris **Example 17 March 2016** The provided High Statement of Concean Provi	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
i ha ans in c 18 l	ive read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case cau.s.c. §§ 152, 1341, 1519, and 3571. WARDPALA THE STOPHER LYNN PATTERSON Signature of Debtor 1 Date 17 March 2016	nd that making a false statement, concean result in fines up to \$250,000, or impris **Example 17 March 2016** The provided High Statement of Concean Provi	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
I ha ans in c	eve read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case cally. S.C. §§ 152, 1341, 1519, and 3571. SCHRISTOPHER LYNN PATTERSON Signature of Debtor 1 Date 17 March 2016 you attach additional pages to Your Mo	nd that making a false statement, concean result in fines up to \$250,000, or impris **Example 17 March 2016** The provided High Statement of Concean Provi	ling property, or obtaining money or property by fraud onment for up to 20 years, or both.
I ha ans in c 18 I	ive read the answers on this Statement wers are true and correct. I understate connection with a bankruptcy case cau.s.c. §§ 152, 1341, 1519, and 3571. IN THE STOPHER LYNN PATTERSON Signature of Debtor 1 Date 17 March 2016 you attach additional pages to Your No Yes	nd that making a false statement, concean result in fines up to \$250,000, or impris **Example 17 March 2016** The provided High Statement of Concean Provi	ling property, or obtaining money or property by fraud onment for up to 20 years, or both. AS AN AUTOMATICAL STATES AND AUTOMATICAL STAT
Did	eve read the answers on this Statemers wers are true and correct. I understal connection with a bankruptcy case cau. S.C. §§ 152, 1341, 1519, and 3571. SCHRISTOPHER LYNN PATTERSOF Signature of Debtor 1 Date 17 March 2016 you attach additional pages to Your. No Yes	nd that making a false statement, concean result in fines up to \$250,000, or imprise the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of Financial Affairs for Individual name of the statement of	ling property, or obtaining money or property by fraud onment for up to 20 years, or both. AS AN AUTOMATICAL STATES AND AUTOMATICAL STAT

Attachment Debtor: CHRISTOPHER LYNN PATTERSON Case No:

Attachment 1

COMPANY V. CHRIS AND RACHEL PATTERSON

Attachment 2

PROFESSIONALS V. CHRISTOPHER AND RACHEL PATTERSON

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Fill in this i	nformation to identify ye	our case:	
Debtor 1	CHRISTOPHER LYNN	PATTERSON	
	First Name	Middle Name	Last Name
Debtor 2	RACHEL PATTERSO	Ν	
(Spouse, if filing)) First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District Of Illinois
Case number	•		

☐ Check if this is an amended filing

12/15

Official Form 108

Part 1:

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

List Your Creditors Who Hold Secured Claims

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the

information below.				
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?		
Creditor's	☐ Surrender the property.	☐ No		
name:	Retain the property and redeem it.	☐ Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
scoung dest.	☐ Retain the property and [explain]:			
Creditor's	☐ Surrender the property.	☐ No		
name:	Retain the property and redeem it.	☐ Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
occurring costs.	☐ Retain the property and [explain]:			
Creditor's	☐ Surrender the property.	□ No		
name:	Retain the property and redeem it.	Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
security door.	Retain the property and [explain]:			
Creditor's	☐ Surrender the property.	□No		
name:	Retain the property and redeem it.	Yes		
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.			
Gooding door.	Retain the property and [explain]:			

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Your name

nber (If known)
ts and Unexpired Leases (Official Form 106G), re still in effect; the lease period has not yet e it. 11 U.S.C. § 365(p)(2).
Will the lease be assumed?
□ No
☐ Yes
□ No
Yes
□ No
☐ Yes
□ No
· · · □ Yes
□ No
Yes
□ No

Part 3: Sign Below	
personal property that is subject to an unexp	indicated my intention about any property of my estate that secures a debt and any ired lease.
s/CHRISTOPHER LYNN PATTERSON	s/ PATTERSON
Signature of Debtor 1	Signature of Debtor 2
Date 03/17/2016 MM / DD / YYYY	Date 03/17/2016 MM / DD / YYYY

☐ No

☐ Yes

Description of leased

Description of leased

property:

ргорегty:

Lessor's name:

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS

PATTERSON Case No		EL	
			Case No.
De	Debtor		Chapter 7
	DISCLOS	URE OF COMPENSATION O	F ATTORNEY FOR DEBTOR
1.	named debtor(s) and that of bankruptcy, or agreed to b	compensation paid to me within o	I, I certify that I am the attorney for the above one year before the filing of the petition in ed or to be rendered on behalf of the debtor(s) in e is as follows:
	For legal services, I have	agreed to accept	\$ <u>1,199</u> .00
	Prior to the filing of this s	tatement I have received	\$
	Balance Due		\$ <u>1</u> ,199.00
2.	The source of the compen	sation paid to me was:	
	Debtor	Other (specify)	
3.	The source of compensati	on to be paid to me is:	
	Debtor	Other (specify)	
4.	I have not agreed members and associa		npensation with any other person unless they are
	members or associate	share the above-disclosed competes of my law firm. A copy of the a compensation, is attached.	nsation with a other person or persons who are not agreement, together with a list of the names of the
5.	In return for the above-discase, including:	sclosed fee, I have agreed to rend	er legal service for all aspects of the bankruptcy
	a. Analysis of the debto file a petition in bank		ring advice to the debtor in determining whether to
	b. Preparation and filing	g of any petition, schedules, state	ments of affairs and plan which may be required;
	c. Representation of the	debtor at the meeting of creditor	s and confirmation hearing, and any adjourned

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	B2030 (Form	2030)	(12/15)
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d.	Representation of the debtor in	adversary proce	eedings and other	contested b	oankruptcy	matters;
----	---------------------------------	-----------------	-------------------	-------------	------------	----------

e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 17, 2016

s/James M. Durkee

Date

Signature of Attorney

Malmquist and Geiger

Name of law firm

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ALTERNATIVE HEALTH GROUP LLC 1834 W. NORTH AVE., SUITE 1 CHICAGO, IL 60622

AMSURG SURGERY CENTER 998 129TH INFANTRY DR. JOLIET, IL 60435

ANES CONS OF MORRIS LLC P.O. BOX 88271 DEPT A CHICAGO, IL 60680

AT&T

C/O THE COLLECTION FIRM OF FRANKLIN COLL P.O. BOX 3910 TUPELO, MS 38803-3910

CADENCE HEALTH
C/O NATIONWIDE CREDIT & COLLECTION, INC.
C/O EVERGREEN BANK GROUP
P.O. BOX 3219
OAK BROOK, IL 60522

CADENCE HEALTH
C/O NATIONWIDE CREDIT & COLLECTION, INC.
815 COMMERCE DR., SUITE 270
OAK BROOK, IL 60523

CADENCE PHYSICIAN GROUP ORTHOPAEDICS 26431 NETWORK PLACE CHICAGO, IL 60673

CAPITAL ONE AUTO FINANCE P.O. BOX 60511 CITY OF INDUSTRY, CA 91716

CAPITAL ONE AUTO FINANCE 7933 PRESTON RD. PLANO, TX 75024

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CAPITAL ONE AUTO FINANCE P.O. BOX 260848 PLANO, TX 75026

CAPITAL ONE AUTO FINANCE P.O. BOX 259407 PLANO, TX 75025

CAPITAL ONE BANK (USA), N.A. P.O. BOX 6492 CAROL STREAM, IL 60197

CAPITAL ONE BANK, N.A. P.O. BOX 6492 CAROL STREAM, IL 60197

CENTER FOR NEUROLOGICAL DISEASES S.C. 2222 WEBER RD. CREST HILL, IL 60403

CENTRAL CREDIT SERVICES LLC 20 CORPORATE HILLS DR. SAINT CHARLES, MT 63301

CENTRAL DUPAGE EMERGENCY PHYSICIANS DEPT 20 1098 P.O. BOX 5940 CAROL STREAM, IL 60197

CENTRAL DUPAGE EMERGENCY PHYSICIANS C/O MEDICAL BUSINESS BUREAU, LLC P.O. BOX 1219 PARK RIDGE, IL 60068

CENTRAL DUPAGE EMERGENCY PHYSICIANS DEPT 20 1098 P.O. BOX 5940 CAROL STREAM, IL 60197

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COLLECTION PROFESSIONALS CO ROBERT STEELE 160 MARQUETTE ST. LASALLE, IL 61301

COLLECTION PROFESSIONALS, INC. 723 FIRST ST. LASALLE, IL 61301

COMCAST P.O. BOX 3002 SOUTHEASTERN, PA 19398

COMED P.O. BOX 6111 CAROL STREAM, IL 60197

CONVERGENT OUTSOURCING, INC. 800 SW 39TH ST. P.O. BOX 9004 RENTON, WA 98057

CORTINA, MUELLER AND FROBISH 124 W. WASHINGTON ST. MORRIS, IL 60450

CPG OAD PHYSICIAN GROUP C/O MERCHANTS' CREDIT GUIDE CO. 223 W. JACKSON BLVD., #700 CHICAGO, IL 60606

CREDIT BUREAU SYSTEMS INC. P.O. BOX 11788
LEXINGTON, KY 40578

CREDIT ONE BANK
P.O. BOX 60500
CITY OF INDUSTRY, CA 91716

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CREDIT ONE BANK
P.O. BOX 65000
CITY OF INDUSTRY, CA 91716

CREDITOR'S DISCOUN AND AUDIT CO. 415 E. MAIN ST. P.O. BOX 213 STREATOR, IL 61364

DECATUR MEMORIAL HOSPITAL 2300 NORTH EDWARD ST. DECATUR, IL 62526

ENT SURGICAL CONSULTANTS LTD 2201 GELWOOD AVE.
JOLIET, IL 60435

FAMILY MEDICAL GROUP S.C. 330 MADISON ST., NO. 104 JOLIET, IL 60435

FIRST PREMIER BANK P.O. BOX 5529 SIOUX FALLS, SD 57117

GRUNDY RADIOLOGISTS C/O CREDITORS DISCOUNT AND AUDIT COL 415 MAIN ST. STREATOR, IL 61364

KURTZ AMBULANCE SERVICE INC. P.O. BOX 457 WHEELING, IL 60090

MARIANJOY REHABILITATION C/O UNITED RECOVERY SERVICE, LLC 18525 TORRENCE AVE., SUITE C-6 LANSING, IL 60438 MEDICAL RECOVERY SPECIALISTS, LLC 2250 E. DEVON AVE., SUITE 352 DES PLAINES, IL 60018

MERIDIAN MEDICAL ASSOCIATES 2100 GLENWOOD AVE. JOLIET, IL 60435

MORRIS HOSPITAL C/O LAW OFFICE OF MICHAEL R. NAUGHTON P.O. BOX 10 MANHATTAN, IL 60442

MORRIS HOSPITAL 150 W. HIGH ST. MORRIS, IL 60450

MORRIS HOSPITAL C/O MIRAMED REVENUE GROUP DEPT 77304 P.O. BOX 77000 DETROIT, MI 48277

OPTIMA MEDICAL ASSOCIATES, LTD. 1050 ESSINGTON RD. JOLIET, IL 60435

OSTIR SPINAL REHABILITATION 310 E. HIGH ST. MORRIS, IL 60450

PAYPAL CREDIT
P.O. BOX 105658
ATLANTA, GA 30348

PERSONAL FINANCE COMPANY 100 COMMERCIAL DR., #4 MORRIS, IL 60450

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PORTFOLIO RECOVERY ASSOCIATES, LLC P.O. BOX 12914 NORFOLK, VA 23541

PRESENCE SAINT JOSEPH MEDICAL CENTER PATIENT FINANCIAL SERVICES 1643 LEWIS AVE., SUITE 203 BILLINGS, MT 59102-4151

PRESENCE SAINT JOSEPH MEDICAL CENTER PATIENT FINANCIAL SERVICES 1643 LEWIS AVE., SUITE 203 BILLINGS, MT 59102

PROFESSIONAL RECOVERY CONSULTANTS, INC. P.O. BOX 51187
DURHAM, NC 27717

PRO-MOTION PHYSICAL THERAPY 1010 S. RIDGE RD. MINOOKA, IL 60447

ROBERT RUSSO 211 E. JEFFERSON ST., #B MORRIS, IL 60450

STEPHEN MORIMOTO, DDS, AND GABRIELLA PAO C/O COLLECTION PROFESSIONALS, INC. 723 FIRST ST. P.O. BOX 416 LASALLE, IL 61301

TEK-COLLECT P.O. BOX 1269 COLUMBUS, OH 43216

TELECHECK C/O TRS RECOVERY SERVICES, INC. P.O. BOX 60022 CITY OF INDUSTRY, CA 91716

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UNITED RECOVERY SYSTEMS, LP P.O. BOX 722929 HOUSTON, TX 77272

WAKENIGHT AND ASSOCIATES, P.C. 707 N. YORK ST. SUITE 201 ELMHURST, IL 60126

WAL-MART
C/O TRS RECOVERY SERVICES, INC.
CITY OF INDUSTRY, CA 91716

WALMART/SYNCHRONY BANK P.O. BOX 530927 ATLANTA, GA 30353

WINFIELD LABORATORY CONSULTANTS, S.C. DEPT 4408
CAROL STREAM, IL 60122-4408

WINFIELD RADIOLOGY CONSULTANTS C/O ATG CREDIT 1700 W. CORLAND ST., SUITE 201 CHICAGO, IL 60622

WINFIELD RADIOLOGY CONSULTANTS, S.C. 6910 S. MADISON ST. WILLOWBROOK, IL 60527

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

ln Re:		Bankruptcy Case Number:
	CHRISTOPHER LYNN PATTE RACHEL PATTERSON	RSON and
	VERI	FICATION OF CREDITOR MATRIX
		Number of Creditors:
The abo knowled		at the list of creditors is true and correct to the best of my (our)
		Christopher Lynn Patterson
Dated:	March 17, 2016	s/CHRISTOPHER LYNN PATTERSON
		Rahel Swar Pasterson
		Joint Debtor